William P. Mack, M.D., P.A.

Oculoplastic & Facial Cosmetic Surgery 3109 W. Azeele St. Tampa, FL 33609 (813) 875-5437 (813) 873-9373 (FAX)

Dear Doctor, is tentatively scheduled for outpatient eyelid surgery on Anesthesia: □ IV SEDATION □ VALIUM 10MG □ GENERAL In order to ensure that our patient is in satisfactory health, we are requesting a **Medical Clearance and** any tests that you deem necessary. Patients over 65 must have an EKG. Please summarize your physical finds and indicate if the patient is cleared for outpatient surgery. Thank you very much for your participation. **PAST MEDICAL HISTORY: MEDICATIONS:** ALLERGIES: PHYSICAL EXAM: Mental Status: HEENT: Lungs: Heart: Abdomen: Extremities: Plavix days prior to surgery The patient may temporarily hold: Coumadin days prior to surgery ASA days prior to surgery Patient cleared for surgery: YES ______ NO: ____Reason: _____

We request that the medical clearance be faxed to (813) 873-9373 prior to the scheduled surgery date.

Physicians Signature: _____ Date: _____