



Benjamin Bradford, MD

650 Sierra Rose Drive, Suite B, Reno NV 89511

Phone: 530-721-6052 Fax: 775-384-1517

Dear Physicians/Providers,

When completing the History and Physical form required for surgical clearance at Tahoe Facial Plastic Surgery, please be advised that anesthesia requires the following lab work to be completed within 90 days prior to surgery:

- All Patients – CBC and BMP (required by our anesthesia team).
- Urine screening for pregnancy in women of childbearing potential.
- CMP – if patient is diabetic, metastatic cancer, multiple myeloma, malnutrition
- A1c – if patient is diabetic.
- PT / INR- if patient is on anticoagulants.
- EKG- patients over 50 OR history of CAD, Cardiac Arrhythmias, CHF, Chest Pain, Sleep Apnea, High Blood Pressure, or Morbid Obesity. All EKGs need to be within 6 months of scheduled surgery.
- If patient has had any cardiac intervention within the past 6 months, they will need cardiac clearance.

Please fax completed information to 775-384-1517 OR email to info@tahoefacialplasticsurgery.com. If there are any questions, please call our patient care coordinator Tarah at 530-721-6052. Thank you for your cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "Ben Bradford".

Benjamin Bradford, MD
Facial Plastic and Reconstructive Surgeon
Tahoe Facial Plastic Surgery

MEDICAL CLEARANCE

Dear Doctor/Provider,

Our patient is booked for facial plastic surgery and requires a physical examination. The proposed anesthesia is either IV sedation or general anesthesia. We would appreciate your completing this preoperative medical clearance form and returning it to our office at least two (2) weeks prior to surgery.

Our fax number is: 775-384-1517 and our telephone number is: 530-721-6052

Patient's Name: _____ DOB: _____

HISTORY

Preoperative Diagnosis: _____

Surgery Date: _____

Proposed Procedure(s): _____

History of present illness: _____

Past Medical history: _____

Family history: _____

Social history: _____

Allergies: _____

Current medications: _____

PHYSICAL EXAMINATION

Patient Name: _____

DOB: _____

Weight: _____

Blood Pressure: _____

Pulse: _____

Respirations: _____

Temperature: _____

Eyes, ears, nose and throat: _____

Chest: _____

Abdomen: _____

Extremities: _____

Neurologic evaluation: _____

Impression: _____

Plan (please make recommendations with regards to further follow-up with you, preoperative medication orders and immediate preoperative testing if needed):

Medically optimized for surgery? _____ Yes _____ No

If no reason(s): _____

Signature of attending physician: _____

Printed Name: _____

Date: _____

Telephone Number: _____

Fax Number: _____

● **Please include: a copy of the requested lab work (BMP, CBC etc) and a copy of the patient's EKG report if required by criteria above.**

If you have any questions, please call me at your earliest convenience.

Thank you for your assistance in the care of this patient.

Sincerely,



Benjamin Bradford, M.D.