Report of Physical Findings

To: Dr. _____ Please offer pre-operative consultation.

Mr./Mrs./Ms._____ has been scheduled for

_____on _____.

Please fax, mail, or email this completed physical form and/or other report to us 1-2 weeks before the scheduled surgery day. Lab work and EKG is at the primary care physician's discretion. If not contraindicated, all anticoagulants should be discontinued two weeks before surgery. Please call to discuss if you would like to stop for an alternative amount of time.

Thank you,
Jennifer Hui, M. D.
41990 Cook Street BLDG F, Suite 1007
Palm Desert, CA 92211
Office 760.610.2677
Fax 760.610.6101
Email info@TheEyelidInstitute.com

Medical/Surgical History:
Allergies:
Medications:
BP_____ Pulse_____ Resp. _____ Ht. _____ Wt._____
HEENT:

Heart:

Lungs:

Abdomen:

Extremities:

Genitourinary:

Neurological:

Other:

Impression:

Remarks/Recommendations:
_____, M.D. Date: _____