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Website: www.CorneaAZ.com

Dear Doctor:

RE: _____

We are writing to you regarding our mutual patient who is soon to have eye surgery under a local anesthetic. We would like him/her to have a general physical with CBC and lytes as well as any special testing that you feel he/she may require to be cleared for this surgery.

Please FAX us a WRITTEN CLEARANCE FOR SURGERY from your last examination as well as any special instructions for this patient or his/her medications.

If you would prefer to use the attached form for your history and physical, please do so. It is provided for your convenience.

Sincerely,

Robert H. Gross, MD

Jung T. Dao, MD

Brandon K. Suedekum, MD

CORNEA CONSULTANTS OF ARIZONA

HISTORY AND PHYSICAL

Patient Name _____ **Date** _____

HEENT _____

Lungs _____

Abdomen _____

Extremities _____

Impression _____

Blood Thinners _____

PATIENT IS CLEARED FOR SURGERY:

YES

NO

Doctor's Name _____ **Phone** _____

Address _____

Signature _____