

16100 Sand Canyon Avenue Suite 385 Irvine, California 92618 t 949.732.0201 f 888.421.7757 www.retinaoc.com

Dear Doctor,

Our mutual patient, _____

is scheduled for a _____

at the ______ Surgery Center on _____

We would appreciate your assistance in clearing this patient medically for a low cardiac risk procedure. While we typically (>95% of the time) perform this surgery under regional retrobulbar anesthesia with sedation and monitored anesthesia care, some patients may prefer general anesthesia. The surgery should approximately last for one hour and should involve minimal blood loss. Please perform any testing as you see fit to judge the patient's fitness for surgery.

We recommend stopping anticoagulation (including aspirin) five days prior to surgery if the patient can tolerate it, however, we can still perform the procedure with anticoagulation if necessary.

Common testing requested by our surgery center but not required include:

CBC Chem 10 Urinalysis EKG Chest X-ray

Please fax the Clearance and ALL results to **(949) 229-6228**. You may contact our office Monday-Friday 9:00 am-5:00 pm if there are any questions.

Sincerely,



Nadeem N. Vaidya, M.D.