Date of Surgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Start Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check in Time: \_\_\_\_\_\_\_\_\_

Surgery Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Follow Up Appt: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tests to be completed 2-4 weeks **before** day of surgery: (Some may or may not apply)

* Visual Field Test- Taped and Untapped
* EKG
* History & Physical w/ Clearance note from primary care physician.
* Blood work:
  + - CBC
    - Comprehensive Metabolic Count
    - PT & PTT

All results can be faxed to 626.817.0844