

_____ is scheduled to undergo surgery by _____ under:

 MAC anesthesia GENERAL anesthesia

Please evaluate this patient for medical clearance / risk stratification. Your EMR note is welcome; please ensure it includes all relevant data. Alternatively, you may fill out the below H&P form.

PLEASE FAX TO: (678) 904-4239 ASAP!**For any questions, please call (404) 953-4040****REQUESTED STUDIES** (in addition to any you deem necessary):

- If cardiac history (MAC or General anesthesia): 1) Most recent EKG (actual tracing, interpretation, and physician signature), with an old EKG for comparison if available. 2) CHEM 20 Panel
- For General anesthesia: Chem 20 Panel if history of chronic hypertension, taking diuretics, anemia, and/or chronic kidney disease (but not on dialysis).

PAST MEDICAL HISTORY:**FAMILY HISTORY:****CURRENT MEDICATIONS:****ALLERGIES:****REVIEW OF SYSTEMS:****PHYSICAL EXAMINATION:** Wt: _____; Ht: _____; B/P: _____; Pulse: _____; R: _____General: WD/WN & NAD _____Skin: No rashes _____HEENT: NC/AT _____Neck: Supple _____Chest & Lungs: CTA Bilaterally _____

Breast: N/A

Heart: RRR; no M/R/G _____Abdomen: soft NT/ND _____

Genitalia: N/A

Rectal: N/A

Extremities: WNL _____Neurological: WNL _____**IMPRESSION: Is the patient acceptable risk for surgery in ambulatory setting? YES or NO****SIGNATURE:** _____ **DATE:** _____**PHYSICIAN NAME:** _____ **PHONE#:** _____