

PREMIER

Orthopaedic Trauma Specialists

160 E. Artesia St. Suite 255, Pomona CA 91767

Tel:(909)596-4346 Fax: (909)596-4344

In preparation for your surgery please **schedule an appointment with your primary care physician (or cardiologist) for a pre-surgical medical clearance.** This should include an **EKG, chest x-rays and lab work (see bottom of next page).** If your primary care physician feels that is necessary, additional test may be required.

Please see enclosed form.

If you have any questions please contact us *at* 909-596-4346.

Thank You.

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Dear Dr. _____

Our mutual patient, _____ (DOB: _____)
Is presently under my care and is going to be scheduled for out-patient____/In-patient____ surgery
under general anesthetic on _____, at Pomona Valley Hospital Medical Center.

Procedure: _____

Diagnosis: _____

- Patient is medically clear and stable to undergo surgery under general anesthetic.
- Patient is not medically clear or stable enough to undergo surgery

Recommendations: _____

Date _____

Physician's Signature _____

Physician's printed name: _____

Telephone number: _____

Also, please include copies of recent:

- **EKG and Chest X-ray** {can be done up to 3 months prior to surgery}
- **Lab Work** (Comprehensive Metabolic Panel 80053, CBC 85025, PT85610, PTT 85730, UA87086)

To be completed prior to having a surgery date

Please give all paperwork to the patient to bring to their pre-op appointment.

Thank you.