

REQUEST TO YOUR PHYSICIAN FOR A PREOPERATIVE EVALUATION

(Please give this letter to your physician)

Dear Doctor:

Your patient is scheduled to undergo a _____ at the Johns Hopkins Hospital in the near future. I would appreciate your help in evaluating this patient to be certain that surgery can be performed safely.

Enclosed is a form developed by the Anesthesia Department which they would like completed to make certain that the patient can undergo anesthesia safely. As you can see, for the physical examination, you can substitute a copy of the examination of the patient from your records.

In addition to the physical examination, the Anesthesia Department requires the following studies within 30 days of surgery:

- Electrocardiogram**
- Prothrombin time**
- CBC**
- Electrolyte Panel:** Sodium, potassium, chloride, CO₂, glucose, creatinine
- Chemistry panel:** Uric acid, calcium, phosphate, total protein, albumin, total bilirubin, direct bilirubin, cholesterol, alkaline phosphatase, AST (SGOT), ALT (SGPT)
- Urinalysis:** Dipstick and microscopic

We would appreciate if you would fax this information 2 weeks before the scheduled surgery to the Preoperative Evaluation Center at 866-341-2834. The patient has been asked to call and confirm receipt of this information 10 days before the scheduled surgery.

If you do not feel the patient is well enough to undergo this surgery, please notify the patient immediately so that he can contact us. Thank you very much for your help. If I can provide other information, please let me know.

Sincerely yours,

Alan W. Partin, M.D., Ph.D.