

ST. LOUIS EYE CARE SPECIALISTS, LLC

ANDREW N. BLATT MD  
Pediatric Ophthalmology  
Adult Motility Disorders  
Board Certified in Comprehensive Ophthalmology

Your patient, \_\_\_\_\_ has been scheduled for eye surgery on \_\_\_\_\_. The diagnosis that will require surgery is \_\_\_\_\_. Please complete the brief form below in order to facilitate the Anesthesiology evaluation of this patient.

Thank You,

Andrew N. Blatt M.D.

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History (non-ophthalmic)

Physical Examination:                      Chest                      Heart                      Abdomen

Diagnoses:

Medications:

There are no medical contraindications for eye surgery. He/She has an acceptable operative risk to proceed. \_\_\_\_\_.

(Physician's signature)

Date