

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.

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