

**Dr. Lavinia K. Chong**  
**Request for Pre-Operative Clearance**

Dear Dr. \_\_\_\_\_,

Our mutual patient \_\_\_\_\_ DOB \_\_\_\_\_

Is scheduled for a procedure requiring anesthesia with Dr. Lavinia Chong on \_\_\_\_\_

Please provide a full History & Physical Exam to document the patient's medical status being optimized and suitable for surgery.

Specifically, please address the following conditions (if applicable):

1. Hypertension – under good control (DBP<90 and SBP<160)
2. Coronary Artery Disease – stable EKG or ECHO if indicated
  - a. No symptoms of DOE, angina or heart failure
  - b. Proven exercise tolerance without symptoms
3. Asthma – no wheezing at rest, no recent hospitalizations
4. Diabetes – blood sugars under good control (<200); Hgb A1C<8.5
5. Obesity – no cardiac or respiratory compromise. OSA screened or evaluated.
6. Anemia – females< 12 Hgb% and males<13 Hgb% (treat with iron, folate, and/or B12 to increase RBC mass)
7. Polycythemia - >18.5gm/dl(males) and >16.5gm/dl(females); increased red blood cell volume
8. Factor V Leiden - hypercoagulable state

Please have patients discontinue the following medications 2 weeks prior to surgery:  
MAO inhibitors, Fen-Phen, Redux, Meridia and NSAID's

Please make recommendations for patients on Coumadin or target specific oral anticoagulants.

We also require the following laboratory tests:

1. EKG for all females over 50 years old and for all males over 40 years old
2. CBC
3. CMP
4. Hepatitis Panel B, C and HIV
5. MRSA Nasal Culture
6. HCG for women of child bearing age

If there are any issues that require additional time to improve the patient's status, please inform our office as soon as possible.

Thank you for your assistance!

\_\_\_\_\_  
Lavinia K. Chong, M.D.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date