

Surgeon:

Dr. Parag Parekh
Phone: 814-372-2389

PCP Info:

Name: _____

Date of Surgery: _____

Patient Name: _____

We suggest the PCP visit to be between: _____

Planned Surgery: Cataract Extraction with
Insertion of Intraocular Lens

For: Decrease Vision

If EKG and CBC are not indicated at this time and there has been an EKG in the past year and/or lab work in the past 4 months, please fax a copy to 814-226-3443. Anesthesia requests an EKG on any patient ≥ 40 BMI with cardiac risk.

Allergies/Reactions:

Medication List with Dosage:

Past Medical History:

Past Surgical History:

Active Infectious Disease: _____

Inactive/Colonized Infection Disease: _____

Relevant Family History: _____

Relevant Social History: _____

System Review:

HEENT: _____ CNS: _____ Cardiac: _____ Pulmonary: _____

Musculoskel: _____ GI: _____ GU: _____ GYN: _____

Physical Exam:

Mental Status: _____ HR: _____ BP: _____ HT: _____ WT: _____

HEENT: _____ Neck: _____ Heart: _____

Lungs: _____ Abdomen: _____ Extremities: _____

Exam Date: _____

Physician Signature: _____