



# OMNI EYE SPECIALISTS

A Madison Street Company®

*Proudly Owned by Employees*

Specializing in Medical and Surgical Care of the Eye

55 Madison St, Suite 355 · Denver · CO · 80206

303-377-2020 · 800-GO-2-OMNI

www.omnieye.com

See Dr. \_\_\_\_\_ after \_\_\_\_\_ but before \_\_\_\_\_ (deadline).

**NOTE:** Please take this form to your primary care physician and have a pre-operative history and physical, EKG and any necessary labs performed between the dates listed above prior to your surgery.

**\*THE PRE-OP HISTORY & PHYSICAL, EKG AND ANY NECESSARY LABS MUST BE COMPLETED WITHIN TWO WEEKS OF SURGERY\***

Patient Name: \_\_\_\_\_

Surgeon: \_\_\_\_\_ Surgery Date(s): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

ICD(s): \_\_\_\_\_ CPT(s): \_\_\_\_\_

### **PRE-SURGICAL REQUIREMENTS:**

**X** Complete History & Physical (form on the back of this page)

**X** EKG (with interpretation) - required for all males over 40, females over 50 and **anyone** with a cardiac history. The EKG **MUST** be approved and documented by your PCP. You must be cleared for surgery **with written documentation** (an abnormal EKG will **NOT** be accepted without written clearance from your PCP. Your surgery will have to be **CANCELED** if we do not receive written clearance from your PCP.

**X** Blood Work - as deemed relevant and necessary by your **primary care physician** (PCP). If it is decided that no blood work is necessary, your PCP **MUST** indicate “**no labs needed, patient cleared for surgery,**” on the pre-op form. Lab results **MUST** be approved and documented by your PCP.

### **SPECIAL INSTRUCTIONS: Fax to (303) 329-7167 attn: surgery scheduling\***

#1. Pre-operative physicals and testing must be performed within 30 days of your surgery and are **valid for 30 days** per insurance standards. IV Sedation will be used.  
**PRE-OP EXAMS CANNOT BE COMPLETED BY OUR OFFICE.**

#2. Please fax completed results to the surgical coordinators at Omni Eye Specialists  
**THREE BUSINESS DAYS PRIOR TO SURGERY.**

Patient signature for release of information: X \_\_\_\_\_

● Fax results to Omni Surgery scheduling: 303-329-7167 ●

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vital Signs:

B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_ Temp \_\_\_\_\_

History:

Chief Complaints:

Present Illness:

Family History:

Medical History:

Previous Surgery(s) / Anesthesia:

Allergies /Drug Sensitivities:

Bleeding Tendencies:

Medications:

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**Physical Examination:**

General Appearance - nutrition - pallor:

HEENT:

Lymphatic:

Neck:

Extremities:

Chest & Lungs:

Musculo-Skeletal:

Cardiovascular:

Neurological:

Abdomen:

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**Diagnostic Impression:**

**Plan:**

Patient Cleared for Surgery please circle one                      YES              NO

Labs Needed: please circle one                                      YES              NO

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Physician's Name (Printed)

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Physician's Signature

Phone \_\_\_\_\_ Fax \_\_\_\_\_