

Omni Eye Specialists
Madison Street Company
55 Madison, Suite 355 Denver, CO 80206
Phone (303) 377-2020 *Fax (303) 377-3234
Vitreo-Retinal Diseases & Surgery
Miriah Teeter, M.D.

Dear _____,

This letter is to confirm your upcoming surgery. The surgery to be performed will be

Surgery has been scheduled as follows:

FACILITY: Porter Adventist Hospital
2525 S Downing St. Denver, CO 80210

DATE: _____

ARRIVAL TIME: _____

POST-OP: DATE: _____ TIME: _____

If you have any questions, please do not hesitate to call.

Sincerely,

Mindy Evans
Surgical Coordinator
Ph. 303.225.8143
Fax 303.377.3234

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PRE-SURGICAL REQUIREMENTS

This patient packet is designed to provide you with information regarding your upcoming surgery. PLEASE READ IT CAREFULLY! By completing the requested pre-surgical requirements you will enormously facilitate the preoperative procedures designed for you welfare, safety, and comfort.

It is imperative that you EKG (if ordered), History and Physical, and blood tests be completed before surgery per the following schedule:

EKG – within 6 months
History & Physical – within 4 weeks
Blood tests – within 4 weeks

This data must be received (faxed or personally delivered) to this office at least 4 business days prior to your surgery date. If this data is not received by the deadline, it may cause your surgery to be canceled and rescheduled for a later date. Please call our office four days prior to surgery to verify we have received all preoperative information.

Thank you.

