

**Retinal Ambulatory Surgery Center of New York
138 East 80th Street
New York, NY 10075
TEL: 212-772-6830
FAX: 212-772-6883**

Dear Doctor: _____

Our mutual patient: _____

**AT: RETINAL AMBULATORY SURGERY CENTER
138 East 80th Street, New York, NY
PHONE: (212) 772-6830 FAX: (212) 772-6883**

Prior to the surgery, the patient needs to be medically cleared. This involves a **pre-op physical exam, blood test, and EKG**. Medical clearance is good for 30 days; EKG and blood work is good for 2 months.

Mr./Mrs./Ms. _____

Needs the following: **CBC, SMA12 and (PT, PTT, INR if the patient is on blood thinners), EKG** and the **History and Physical Form** filled out stating:
PATIENT IS MEDICALLY CLEARED FOR EYE SURGERY.

IF YOUR PATIENT IS TAKING ANY BLOOD THINNERS MEDICATIONS, PLEASE ADVISE IN WRITING IF IT IS SAFE TO STOP FIVE DAYS PRIOR TO SURGERY.

Please make sure that the results of this entire test are in our office three days before surgery. Please kindly fax the results to: **(212) 772-6883** or **(212) 517-8028**.

Attention to: Iwona Piotrowska-Surgical Coordinator

Or: Lumi S. Tel: **(212) 772-0600** or **(212) 772-6830**

Thank you in advance for your cooperation.