



# ADVANCED VISION CARE

Nicole Fram, M.D. Sahar Bedrood, M.D.

Date: \_\_\_\_\_

Dear Doctor,

Our mutual patient, \_\_\_\_\_ is scheduled for **Cataract Extraction with Intraocular Lens Implant** in the \_\_\_\_\_ eyes as an out-patient at Specialty Surgery Center on \_\_\_\_\_ with **Dr.** \_\_\_\_\_

Surgery is planned to be under:

**Topical Anesthesia      Mac Block Anesthesia**

A brief history and physical form is attached for your completion or you may use your own. **The clearance is valid for only 30 days; please make sure the examination is performed within that time frame.** In addition to the history and physical form, please include the following testing: **CBC, BMP and EKG.** Labs and EKG within 90 days of surgery is okay, unless the following applies:

- **If patient has cardiac problems EKG within 30 days with cardiac clearance.**
- **If patient has kidney or liver problems: labs need to be within 30 days.**
- **If the patient is on dialysis: labs need to be within 24 hours of surgery.**
- **If the patient is taking any anti-coagulants, please include an INR. An ideal level for surgery would be less than 3.0.**

**- If the patient is diabetic and takes insulin, please counsel them on how to manage during the fasting period prior to surgery and confirm the proper dosage.**

**-If the patient is taking OZEMPIC, TRULICITY, MOUNJARO, WEGOVY, SEMUGLUTIDE or any other form of GLUCAGON- LIKE PEPTIDE-1 AGONISTS THEY NEED TO STOP 1 WEEK PRIOR TO SURGERY. PLEASE COUNCIL YOUR PATIENTS.**

If there are any contraindications, concerns or special care needs, please inform us. Please fax the Preoperative Form and tests to us at **310-229 -3546, \*\*PLEASE NOTE\*\*MUST RECEIVE NO LATER THAT 72 HOURS PRIOR TO SURGERY, OR THE SURGERY WILL BE RESCHEDULED.** Thank you for your time and consideration.

## Advanced Vision Care

2080 Century Park East Suite 911 | Los Angeles, CA 90067 | P: 310 229 1220 |

F: 310 229 3546

[www.advancedvisioncare.com](http://www.advancedvisioncare.com)