

Date _____

Dear Doctor _____,

Thank you for seeing our mutual patient _____
(print patient name)

who is scheduled for the following ophthalmic surgery _____
(print name of surgical procedure)

with Dr _____ on _____
(print name of surgeon) (print date)

Bergen-Passaic requires a comprehensive History and Physical (H&P) within 30 days of the date of surgery for **all** surgical procedures, including a complete list of all medications with dosage.

The necessity of lab work and/or an EKG is dependent on your determination of required pre-op testing based on the patient's health status. None are required if the patient is stable and there is no change in health status.

The patient may continue taking all medications as prescribed, including anticoagulants, as per your direction except on the day of surgery when the patient may take all medications as per your direction except insulin or oral diabetes medications.

All paperwork must be received by the surgery center **5 business days** prior to the date of surgery and should clearly list the patient's name and the date of the examination or test. For your convenience a copy of the surgery center's H&P form is enclosed. Please return the completed form via mail or fax to:

Bergen-Passaic Cataract Surgery and Laser Center, Inc.
18-01 Pollitt Drive, Suite 4
Fair Lawn, NJ 07410
Phone (201) 414-5649 Fax (201) 398-9132

If you find that there are physical conditions requiring either a postponement or a cancellation of surgery, please notify the surgery center's scheduling coordinator immediately at ext 115.

Thank you for your cooperation.

Sincerely ,

The Bergen-Passaic Cataract Surgery and Laser Center Staff