Downsize Lipo Center of Houston

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This patient is scheduled to have liposuction surgery in the near future. Should you choose to see this patient in your office to provide surgical clearance, please ask your office personnel to contact the patient directly, Please Fax your evaluation and any supporting documentation as soon as completed. Thank you, your assistance is greatly appreciated!

Patient's Name		
Patient's Phone: (Cell)	(Home)	
BirthdateSurge	ry Date	_
Proposed Surgery : Liposuction	Anesthesia: Tumescent	
Significant past medical history:	List of previous operations:	
Current Medications with Dosage:	Drug & Food Allergies:	
B/P: Pulse:		
Heent		
Lungs		
Card/V ASC		
ABD		
EXT		
Neuro/Psych		
Diagnoses		
Remarks:		
Is this patient cleared to have surgery?		
Date:Signed:		M.D.