



Dear Doctor,

**RE: PREOPERATIVE ASSESSMENT FOR EYE SURGERY UNDER LOCAL ANESTHETIC**

Dr. Chow has scheduled your patient for eye surgery at Rockyview Surgery Centre in Calgary. The patient has been instructed to contact your office to arrange an appointment for a preoperative physical assessment. To facilitate the examination and meet anesthetic requirements, we have attached a History and Physical form and a Surgical Booking Questionnaire which should be completed with the patient at the time of examination. Please note that we must receive all documentation **at least 3 weeks in advance** of scheduled surgery and all fields must be completed or the procedure may be cancelled or postponed to a later date.

An electrocardiogram is essential and the necessity for laboratory work is based on your evaluation of the medical history. If your patient is on Coumadin, please supply a recent INR/ Pro Time and a note to indicate the reason why the medication is required.

Kindly forward the completed assessment form and booking questionnaire along with the EKG and any lab report you consider appropriate to:

Dr. Bill P.C. Chow  
c/o Demong Associate Eyecentre  
Suite 330 - 290 Midpark Way SE  
Calgary, AB T2X 1P1  
Telephone: (403)254-2408  
Fax: (403)254-5887

Thank you for your cooperation.

Sincerely,

Bill P. C. Chow, BSc(Hon), MSc., MD, FRCS(C)  
Prac ID: 6764 33108