

RIGHT LEFT

1st EYE 2nd EYE

NORTHLAKE EYE CENTER
Terry Hemell, M.D.
2243 Gause Blvd E
Slidell, LA 70461

(985) 643-6355 (TELEPHONE)
(985) 643-0130 (FAX)

Dob: 4/24/1956

Clearance Form for Surgical Eye Cases

PATIENT NAME: David Damm Date of Surgery: 10/02/23

TO PATIENT: *PLEASE HAVE THIS DONE WITHIN 30 DAYS OF SURGERY*

Aimee Coulon, APRN

EXAMINING PHYSICIAN: _____
(PRINT NAME)

	Findings	Meds
HEART	WNL	
LUNGS	WNL	
ABDOMEN	WNL	
BLOOD PRESSURE	147/82	
PULSE	60	
RESPIRATIONS	16	

***** Clearing Physician: If patient is on a blood thinner**

there is a risk of retrobulbar hemorrhage***

Is patient on blood thinner, including ASA? YES or NO If yes, is patient able to safely discontinue the blood thinner prior to surgery? YES or NO. If yes, has patient been instructed on when to discontinue the blood thinner? YES or NO. How many days prior to surgery is the patient instructed to stop? _____

This patient is scheduled for cataract surgery R L eye under GENERAL LOCAL MAC type of anesthesia.

Please choose your opinion of the above patient's physical fitness for the above stated procedure by circling:

Acceptable, Okay to Proceed

Unacceptable

If unacceptable please fill in reasons:

Date: 09/28/2023

Physician Signature: _____

**** Clearing Physician: Please order any appropriate pre-op labs or imaging****

Fax Results to: (985) 643-0130

**** This clearance form must be dated within 30 days of the surgery date****