AVIVA
PLASTIC SURGERY & AESTHETICS

Inessa Fishman, MD
Facial Plastic & Reconstructive Surgeon
1100 Johnson Ferry Rd. NE
Center Pointe 2, Suite 470
Atlanta, GA 30342
Ph: 678-974-8435
Fax: 678-974-8435
Email: hello@avivaplasticsurgery.com
www.avivaplasticsurgery.com

Ophthalmologic Pre-Surgical Evaluation Form

Dear Doctor:

I am requesting pre-surgery evaluation/ clearance for my patient who is scheduled for periorbital surgery in the near future. Please provide a pre-surgical evaluation, and let me know if you have any questions or concerns. Please return the evaluation to my office at either of the below contacts:
Email: hello@avivaplasticsurgery.com
Fax: (678) 974-8476

Patient name:_____ DOB: _____

Surgical Center: _____

Patient is at LOW / HIGH risk for ophthalmologic surgery.
The patient DOES / DOES NOT require pre-surgery optimization, including:_____

Past medical history:
_____

Current Medications:
_____

Physician Name: _____

Signature: _____ Date: _____