



QUANTUM EYE GROUP

Ravi Menghani, M.D.

Comprehensive Ophthalmology

Premium Cataract and Suture-less Pterygium Surgery

Complex Cataract Surgery

Glaucoma and Retina Management

Member, American Academy of Ophthalmology

Member, American Society of Cataract and Refractive Surgery

Medical Clearance Form

Dr. Menghani has determined this patient requires eye surgery and requests medical clearance.

Name of Patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Tentative Date of Surgery: \_\_\_\_\_

Ocular Diagnosis: \_Cataract\_\_\_\_\_

Anesthesia Plan: \_\_\_ General \_\_\_ Local/MAC

Pre-Operative Testing: \_\_\_CBC \_\_\_BMP \_\_\_EKG \_\_\_CXR \_\_\_PT/PTT/INR \_\_\_U/A (Please return test results with this form.) (Note that results are valid within 30 days of surgery.)

Please Complete Below

Medical History: (ie, HTN, DM, COPD, MI, kidney disease, stoke)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication List: (Please list names and dosage or attach list)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments or Recommendations:

\_\_\_\_\_

\_\_\_ Patient may proceed with surgery

Anesthesia: \_\_\_ Any method of anesthesia acceptable  
\_\_\_ Local/MAC (Only)  
\_\_\_ General Anesthesia

\_\_\_ Patient NOT cleared for surgery for the following reason: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Signature: \_\_\_\_\_

Specialty: \_\_\_\_\_ Date: \_\_\_\_\_ Location: \_\_\_\_\_

Please complete and fax the signed form with any attachments to 877-205-9923  
GENERAL ANESTHESIA patients will require labs within 30 days, EKG, and clearance.