



# QUANTUM EYE GROUP

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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: EKG required. CXR only if lung disease suspected. K+ if dialysis patient.  
(Please return test results with this form.) (Note that results are valid within 90 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.

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