

**George W. Weston, M.D.**  
**Robert K. Sigal, M.D.**  
**Byron D. Poindexter, M.D.**  
**Christopher D. Knotts, M.D.**



FAX 703/790-3446  
[www.Austin-Weston.com](http://www.Austin-Weston.com)  
1825 Samuel Morse Dr.  
Reston, VA 20190  
703-893-6168

### MEDICAL CLEARANCE

Please evaluate patient for surgery with particular attention to cardio-vascular system and reactive airway disease.

For facial surgery, we request a tightly controlled blood pressure - preferably NO GREATER THAN 130 mm Hg SYSTOLIC. This will allow safe use of a "hypotensive" general anesthetic technique and minimize peri-operative bleeding.

We administer local anesthetics with epinephrine and various forms of anesthesia which includes, but is not limited to drugs, such as ketamine, propofol, versed and narcotics.

If this patient is taking any anticoagulants, aspirin, or monoamine oxidase inhibitors, please note in the remarks section and indicate if these medications can be safely discontinued for 14 days prior to surgery and not resumed until the 4th day post-op.

PATIENT NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ EXAM DATE: \_\_\_\_\_

PAST HISTORY: \_\_\_\_\_

FAMILY HISTORY: \_\_\_\_\_

REVIEW OF SYMPTOMS: \_\_\_\_\_

ALLERGIES & SENSITIVITIES: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

### PHYSICAL EXAMINATION

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_ PULSE \_\_\_\_\_

TEMP \_\_\_\_\_ RESP \_\_\_\_\_ LUNGS \_\_\_\_\_

EKG REQUESTED  YES  NO

EKG INTERPRETATION \_\_\_\_\_

IF EKG INDICATED PLEASE ATTACH COPY EKG ATTACHED?  YES  N/A

ADDITIONAL TEST(S) REQUIRED: CBC w/diff, BMP

COMMENTS:

PLEASE PRINT OR ATTACH CARD

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

IS PATIENT CLEARED FOR SURGERY?

YES  NO

Austin-Weston Center:

Doctor: \_\_\_\_\_ Date: \_\_\_\_\_