

SURGICAL ASSOCIATES OF COLLIN COUNTY

Alan A. London, M.D. and Sheetal M. Patel, M.D.

Phone: (972) 596-5225 Fax: (972) 596-2684

PRE-OPERATIVE REQUIREMENTS

Patient Name _____ Date of Birth _____

Surgeon: Alan A. London, M.D. / Sheetal M. Patel, M.D.

Surgical Procedure: _____ Day of Surgery _____

Anesthesia: ☐ General ☐ IV Sedation

Dear Doctor:

The above patient is being scheduled for surgery. We have asked them to contact you for pre-testing. It would be helpful if the following testing could be performed at least a week prior to surgery. Labs and EKGs performed within 2 months is acceptable for surgery.

- ☐ CBC
- ☐ BMP
- ☐ CMP
- ☐ PT / PTT / INR
- ☐ EKG (within the last 2 months)
- ☐ CXR (within the last 2 months)
- ☐ Other: _____

Please **fax** a copy of your examination and lab results to our office at **(972) 596-2684**. Should you have questions or concerns, please do not hesitate to contact our office. Thank you for allowing us to care for your patients.



Alan A. London, M.D.



Sheetal M. Patel, M.D.