

# Dr. Jaime S. Schwartz, M.D., F.A.C.S

## Board Certified Plastic & Reconstructive Surgeon

**SURGEON:** Dr. Jaime S. Schwartz, MD FACS

**PATIENT NAME:** Taya Faber

**DOB:** 01/19/1979

**SURGERY:** - Breast Reduction & Lift (Bilateral Breast Reduction & Lift)

**DATE OF SURGERY:** \${SurgeryDateTime}

**Anesthesia:**

**General**

**Local**

### REQUEST FOR PRE-OPERATIVE TESTS

I request the following clearance, bloodwork, and any applicable tests to be completed no later than 21 days prior to the surgery date. **If not completed and received within 21 days of surgery, surgery may be postponed at additional cost.**

Please fax the patients completed medical clearance with all lab results to **(310) 747-5908**.

Any questions please call **(310) 882-5454**.

- Medical Clearance
- DVT Prophylaxis Recommendation (see page 2)
- CBC
- COAGS (PT/ PTT/ INR)
- CMP
- LFT
- Prealbumin
- HbA1c
- B HCG (FEMALES)
- Urinalysis w/ C & S
- EKG
- Mammogram (All women ages 40+)
- Abdominal Ultrasound (rule out ventral, umbilical or previous surgical site hernia)
- Chest Xray
- Covid Test (Must be done 48 hours prior to surgery)
- Any other relevant tests based on patient's medical history

#### ADDITIONAL TESTING:

- Cardiac Clearance
- Pulmonary Clearance

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### Medical Clearance for Surgery

Please complete the following medical history and physical. Fill in the form legibly or please type. Unless otherwise noted, this must be received by our office a minimum of 21 days before surgery.

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CHIEF COMPLAINT:

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ALLERGIES, DRUG SENSITIVITIES:

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REVIEW OF SYSTEMS:

PULM:

GU:

CV:

GYN:

GI:

NEURO:

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PAST MEDICAL/SURGICAL HISTORY: (SURGERIES, ILLNESSES, ETC.)

- TOBACCO USE:
- ALCOHOL USE:
- BLEEDING TENDENCIES:
- TRANSFUSIONS:
- CURRENT MEDICATIONS:  
(please include medications that are recommended to be stopped prior to surgery and if so when)

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### Physical Examination

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

BP: \_\_\_\_\_ PULSE: \_\_\_\_\_ RESP: \_\_\_\_\_ TEMP: \_\_\_\_\_

### GENERAL APPEARANCE AND SKIN:

HEAD AND NECK:

LABS:

ENT:

EKG:

THORAX & BREAST:

CXR:

LUNGS:

MSK:

CV:

NEURO:

ABDOMEN:

GENITALIA:

### IMPRESSION:

### RECOMMENDATIONS:

\*Our standard DVT prophylaxis includes the following:

1. Thigh-high TED hose placed in pre-op holding and worn for 1 week post-op
2. Knee-high SCDs placed pre-op and worn through discharge from PACU (if outpatient) or continuously at rest (if inpatient) until hospital discharge
3. Early ambulation post-op

### \*DVT PROPHYLAXIS USED:

Standard: \_\_\_\_\_

Other Chemical e.g. Lovenox, Xarelto): \_\_\_\_\_ Days: \_\_\_\_\_

(IF "LOVENOX" IS PREFERRED, PLEASE SPECIFY YOUR RECOMMENDATIONS FOR DURATION OF TIME.)

### \*PATIENT CLEARED FOR SURGERY:

YES

NO

MD SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

MD NAME (printed): \_\_\_\_\_