

Blepharoplasty Clearance:
Pre-Operative Eye Exam Referral

PATIENT: _____ DOB: _____

Dear _____,

The above-named patient is contemplating the following functional and/or cosmetic periorbital surgery: _____

Thus, I have advised that the patient receive a comprehensive pre-operative ophthalmologic examination to include the following:

1. Visual fields, particularly superior and peripheral gaze, taped/untaped (**REQUIRED**)
2. Ptosis evaluation
3. Visual acuity, with and without glasses
4. Extra ocular muscles
5. Condition of the retina and cornea
6. Intraocular pressure
7. tear film break up test (or equivalent)

I would appreciate your advising me if the above examination reveals any condition that would be a contraindication to the above surgery or if any special precautions are indicated pre-operatively.

Thank you in advance for **faxing your report/exam to our office @ 334-440-3766 (Attention: Dr. Raggio's Nurse)**.

Please contact my office or me should you require further information.

Respectfully,

Blake S. Raggio, MD
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