Zhinian Wan, M.D.
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Lynwood, CA 90262
Phone: (424) 213-4290 Fax: (424) 213-4295

Date:

Dear Doctor: _____

Your patient,_____,is planning a surgery.
The following tests are recommended for pre-operative screening for the upcoming procedure:

_____.

In addition to this patient's pre-operative history and physical examination, we would ask for you to also complete the following tests:

- CBC
- PT/INR
- Hgb A1C
- BMP
- Urinalysis with reflex culture
- 12-lead EKG
- Chest Xray
- History and Physical (**Please state clearly that the patient is medically cleared for surgery**.)

In addition to the above tests, please complete the following requests if applicable.

- Smoking cessation plan
- Pre/post operative pain control plan- the orthopedic team will refill prescriptions for narcotics for 6 weeks following surgery.
- Pain management consult
- Anticoagulation recommendations prior to surgery for patients on chronic anticoagulation therapy, including the need for bridge therapy
- **Any other tests you deem necessary**
- Dental consult for poor dentition/ abscesses.
- Manager patient's blood sugar if the patient has diabetes

Thank you for collaborating in the care of this patient. Your assistance in this is greatly appreciated. If you have any questions please call the clinic at (424) 213-4290 . Please fax the preoperative clearance information, including the results of all blood work, EKG and Chest X-ray results to (424) 213-4295.

Zhinian Wan, M.D.