



**Blepharoplasty Clearance**

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Your upcoming blepharoplasty procedure requires that you have a current eye exam within one year prior to your surgery. We must have written permission from your Ophthalmologist clearing you to have this surgery. This surgery may require general anesthesia, IV sedation and/or local anesthesia i.e. lidocaine with epinephrine.

Please take this letter to your eye doctor. When you make your appointment, be sure to mention you will need **“Taped and Untaped Visual Field Testing.”** If you have any questions, call our office at the numbers above. Thank you.

-----To my colleague:

Our mutual patient is considering having functional and/or cosmetic eye surgery. I would very much appreciate your preoperative ophthalmologic examination including the following:

1. Visual Field testing (taped & untaped) (only if a functional bleph)
2. Visual acuity
3. EOM movement and balance
4. Schirmer Test
5. Ptosis evaluation
6. Tension
7. Canthal tendon
8. Condition of the cornea

Please send me a copy of your office note to the address below, and advise me if you find any condition that would be a contraindication to blepharoplasty or require any special precautions. Thank you in advance for your cooperation and support.

Sincerely,

Thomas H. Cawthon MD 334-824-7221 office phone

**c/o Montgomery Otolaryngology**

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