



Dear Doctor,

\_\_\_\_\_ is scheduled for surgery on \_\_\_\_\_.

A preoperative history and physical exam needs to be done for this patient within **30 days** of the surgical date. At that visit please fill out the enclosed H & P form, as a school/camp form does not provide the necessary information. Please include a complete medical and surgical history as well as a current problem list. Also, we are concerned about any family history of anesthesia complications.

The only laboratory data we require is that which is indicated by the patient's medical history or current medical condition. If possible, please do an EKG for males over 40 years of age and females over 50 years of age.

Please return the form to us at least one week prior to surgery. This will allow us to make any necessary special arrangements. Inadequate time to review the history & physical, and properly prepare the patient may result in cancellation of surgery.

Mail to: Franciscan Hospital for Children  
30 Warren Street  
Brighton, MA 02135  
Attn: Anesthesia Department

Fax # 617-779-1509 - Attn: Anesthesia Department  
(Original should come with the patient the day of surgery)

If you have any questions please call the Anesthesia Department @ 617-254-3800 x 2970.  
Thank you for your assistance.