

## PREOPERATIVE MEDICAL CONSULTATION

Complete within one week prior to surgery and fax to Robert Wood Johnson University Hospital Somerset's Pre-Admission Testing Department at **(908) 685-2961**.

Patient:	Surgeon:
Proposed Operation:	Surgery Date:
Preop Diagnosis:	
To:	
To:(Medical Consultant)	
Please complete medical evaluation to include:	
1. Pertinent medical history including allergies	4. Results of pertinent laboratory and imaging studies
2. Physical findings	5. Diagnosis and current medical status
3. Current medications	
Recommended medical management:	
recommended medical management.	
Consultant's Signature	Date Time
Print or Type Name	