



Winslow

Facial Plastic Surgery

To Whom It May Concern:

_____ --is scheduled to undergo an elective procedure under sedation (to include Versed and Fentanyl) on _____ (date). Please sign this release or provide the patient with an alternative written release, stating that he/she is medically cleared for IV sedation. This release needs to be completed no later than the patient's scheduled pre-operative visit.

Thank you for your assistance.

Dr. Catherine Winslow, M.D., FACS

Phone: 317.814.1104

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_____ (Name of Pt.) is medically cleared for his/her elective procedure under sedation. If indicated, the appropriate lab/radiologic testing has been obtained and is normal.

MOST RECENT BLOOD PRESSURE: _____

DATE TAKEN: _____ **(Must be within 1 year)**

Signature of Physician _____

Printed Name of Physician _____

Date _____ Phone _____