



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, and if necessary 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
(317) 814-1104
Fax: (317) 574-1471

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

Signature of Physician _____

Printed name of Physician _____

Date _____ Phone _____