



MILLS

EYE + FACIAL SURGERY

David M. Mills MD, FACS
Ophthalmologist +
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+ Crestview
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Crestview, FL 32539

+ Gulf Breeze
1300 Shoreline Dr.
Ste. 104
Gulf Breeze, FL 32561

+ Pensacola
9050 University Pkwy
Pensacola, FL 32514

Surgery Clearance Form

Attending Physician

Patient: _____ **DOB:** _____

Procedure: _____ **Facility:** _____

Medical History Past: _____

Assessment: Present: _____

Allergies: _____

Current Medications: _____

PHYSICAL EXAMINATION: RELEVANT FINDINGS

GENERAL: **WNL**

SKIN: **WNL**

HEENT: _____

NECK: **WNL**

THYROID: **WNL**

HEART: **WNL**

LUNGS: **WNL**

ABDOMEN: **WNL**

EXTREMITIES **WNL**

NEUROLOGICAL: **WNL**

OTHER: **WNL**

Pertinent Findings: _____

LAB: **WNL** **EKG:** **WNL**

CXR: **WNL** **OTHER:** **WNL**

Date: _____ **Time:** _____

Patient is CLEARED for planned surgery.

Patient is NOT CLEARED for planned surgery.

Reason: _____

Physician's signature: _____

PLEASE TAKE THIS FORM TO YOUR PRIMARY CARE DOCTOR

+ Ophthalmology
+ OculoFacial
Plastic Surgery
+ Facial Cosmetic
Surgery

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