

IT IS HIGHLY RECOMMENDED TO SCHEDULE YOUR PRE-OP EXAM FOR 2-3 WEEKS PRIOR TO YOUR SURGERY AND CANNOT BE DONE ANY SOONER THAN 30 DAYS PRIOR.

## **Preoperative History and Physical Examination Requirements**

IMPORTANT: Please take this from with	n you to your primary care physician office appointment.
Patient Name:	DOB:
Dr. Nathan Wanderman asks that the	e following tests be done for the upcoming surgery:
BMPUA	CBCVit. DEKG
clear the patient for general anest	one by the Primary Care Physician in order to thesia and should be ordered by that Physician as they see fit.
Please FAX preoperative physic	cal and lab results to the circled facility below:
	ospital Fax: 612-884-3671 dwinds Dr., Woodbury MN
	urgery Center Fax: 952-456-7101 kings Circle, Eagan MN
Please call with any questions. Thank	κ you,
Nathan Wanderman, M.D. Spine Surgeon	Megan Rhyner, PA-C Physician Assistant
Kesenya H., ATC Clinical Care Coordinator	Kat H., CMA Clinical Care Coordinator

651-351-2612