



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 form with you to your primary care physician office appointment.

Patient Name: _____ DOB: _____

Dr. Nathan Wanderman asks that the following tests be done for the upcoming surgery:

_____BMP _____ UA _____CBC _____Vit. D _____EKG

NOTE: Further testing may be done by the Primary Care Physician in order to clear the patient for general anesthesia, and should be ordered by that Physician as they see fit.

Please **FAX** preoperative physical and lab results to the circled facility below:

Woodwinds Hospital Fax: 651-232-0616

1925 Woodwinds Dr., Woodbury MN

Eagan Orthopedic Surgery Center Fax: 952-456-7101

2700 Vikings Circle, Eagan MN

Please call with any questions. Thank you,

Nathan Wanderman, M.D.
Spine Surgeon

Megan Rhyner, PA-C
Physician Assistant

Kesanya H., ATC
Clinical Care Coordinator
651-351-2612

Kat H., CMA
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