DR. PHILIP A. YOUNG, MD
AESTHETIC FACIAL BODY PLASTIC SURGERY

Must Be given to MD
Date:

To whom it may concern,

We would like a risk assessment for our patient, _____**,** who will be undergoing a procedure under Moderate Sedation. We predominately use Fentanyl, Versed, Propofol, Glycopyrrolate, Ketamine, Lidocaine, Steroids, Ondansetron, Clonidine (orally), Labetolol, etc. The patient will be having very little blood loss (although individual situations and health conditions may vary). Rarely do they lose more than 200cc. There will be very little fluids given to the patient as well. At most 1.5 Liters will be infused during the whole case. So hemodynamically there should not be a significant stress on the patient. At times during the procedure blood pressure may go up or down in the range of 80-160/ 35-110 at the extremes. We use local anesthesia that consists of lidocaine 1% and 1/100000 epinephrine. This combination sometimes can increase a person's heart rate to a point that their heart rate can increase to over 100 BPM. Blood pressure increases can also occur with these local injections. We would like a medical risk assessment for our patient based on this information. Please include a CBC, CMP and a CXR, EKG and / or stress test **if you feel this is appropriate**. Feel free to contact our office if you have any additional questions or concerns. Thank you so much for your cooperation.

Please circle their risk for surgery:

HIGH

MEDIUM

LOW

Initials: _____

Please circle yes or no if they are cleared to undergo this procedure and are of sound mind | consciousness to onsent to our procedures:
YES

NO

Initials:_____

Signature: _____ Date:_____

Can you please fax this back to us prior to the patient's procedure in order for them to have their procedure at that time. **We would like for you to also send your latest assessment, history and physical and other pertinent information regarding this risk assessment.** Thank you!

Sincerely,

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