

# Gadsden Foot Clinic, P.C.

Physicians and Surgeons of the Foot

Brooke L. Gorham, D.P.M.

Jean Pratt, D.P.M.

Date

Dear Doctor,

\_\_\_\_\_ is scheduled for out-patient surgery on: \_\_\_\_\_

at  Riverview Regional Medical Center under  monitored anesthesia care.  
 Gadsden Regional Medical Center  general anesthesia

Preadmission testing is scheduled for: \_\_\_\_\_

(all completed paperwork must be presented at this time)

Please complete a history and physical (attached) and provide medical clearance for surgery.

Diagnosis: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Scheduled Surgery: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance.

**Please FAX your H&P to (256) 547-1632**

GFC Office Use Only:

- Surgery Scheduled with
- Athena (RRMC)
- Order Facilitator (GRMC)
- Patient Contacted

Admission Date: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Examination: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_

HEENT: \_\_\_\_\_

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Other: \_\_\_\_\_

Patient is scheduled for out-patient surgery at Riverview Regional Medical Center on : \_\_\_\_\_

Patient is cleared for foot surgery by Dr. Jean Pratt/Dr. Brooke Gorham.

Please FAX completed form to: 256 547-1632

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(MUST BE SIGNED BY MEDICAL DOCTOR)

|                |
|----------------|
| <b>Patient</b> |
|----------------|