1260 15th Street, Suite #300
Santa Monica, CA 90404
Phone (424) 227-8589
Fax: (310) 872-5459
wlekavich@specialneedsdentalassociates.com

Lekavich Dental Corporation

Fax

To:	**ATTN:**	**From:**	**WENDY SURFAS-LEKAVICH, MPA**
Fax:	**F- P:**	**Pages:**	**6**
Phone:	**(424) 227-8589**	**Date:**	
Re:	**Surgical Pre-OP Patient: DOB:**	**cc:**	**PRE-OP IN YOUR OFFICE**

X Urgent ☐ For Review ☐ Please Comment ***X Please Reply*** ☐ Please Recycle

Attached, please find the Surgical Pre-Op paperwork for patient: _____ who is having dental services rendered under anesthesia.

In preparation for her dental services with Dr. Lekavich, the following forms must be faxed or emailed to our office at FAX# (310)872-5459 or Email: wlekavich@specialneedsdentalassociates.com ASAP please:

The patient's health history and physical exam completed by their physician – see attached

***Labs – CBC and drug levels if applicable**

***Current medication list (including any GLP-1's)**

***Chest X-ray – If patient has any pulmonary and/or CHF**

***EKG**

***Seizure records**

Please write the patient's name and sign each medical clearance form.

Please call me with any questions at (424) 227-8589.