

Patient:

Last name/first name: .....

D.O.B.: .....

Street: .....

Post code / City: .....

Tel. home: ..... Tel. work: .....

Operation: .....

Date of operation: ..... Surgeon: .....

GP / Referring physician: .....

Dear colleague,

To assess the patient's ability to undergo anaesthetic, and to determine the suitable procedure, we kindly ask you to clarify and answer the following points:

1. Medical history, examination findings, your diagnoses
2. ECG, laboratory, chest X-ray:
  - not to be conducted routinely
  - in the event of a positive medical history and/or clinical findings:
    - ⇒ relevant examinations
3. If art. hypertension:
  - current blood pressure or course.
  - your assessment re: adjustment/regulation.
4. Current medication.
5. Your further comments and any recommendations.

We kindly ask you to fax your assessment to the following number, enclosing any reports or documents (ECG etc.) if available.

**052 320 01 21** (secretary's office narkose.ch Seuzach)  
**041 379 70 31** (secretary's office narkose.ch Meggen)

Thank you very much for your valuable assistance.

Kind regards

Your narkose.ch

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