



Michael K Bowman MD PC
Thomas H Cawthon MD PC

11253 Chantilly Parkway Court
Montgomery, Al 36117
Office 334.270.2003
www.RiverRegionFacialPlastics.com

Blepharoplasty Clearance Letter

Patient: _____ DOB: _____

Your upcoming blepharoplasty procedure requires that you have a current eye exam within one year prior to your surgery. We must have written permission from your Ophthalmologist clearing you to have this surgery. This surgery may require general anesthesia, IV sedation and/or local anesthesia i.e. lidocaine with epinephrine.

Please take this letter to your eye doctor. If you have any questions concerning this request, call our office at the numbers above. Thank you for your cooperation.

To my colleague:

Our mutual patient is considering having functional and/or cosmetic eye surgery. I would very much appreciate your preoperative ophthalmologic examination including the following:

1. Visual acuity, with and without glasses.
2. EOM. Movement and balance
3. Schirmer Test
4. Visual Field testing (taped & untaped)
5. Ptosis evaluation
6. Tension
7. Canthal tendon
8. Condition of the cornea

Please send me a copy of your office note to the address above, and advise me if you find any condition that would be a contraindication to blepharoplasty or require any special precautions. Thank you in advance for your cooperation and support.

Sincerely,

River Region Facial Plastics Fax 334- 270-2076