

Family Physician Pre-Operative Instructions Letter

Date _____,

Dear Primary Care Provider,

Patient name: _____ DOB: _____

Your patient will be having _____ surgery at (location) _____.

- Please complete a General History & Physical (H&P) form (attached)
- Ensure preoperative tests are performed based on the surgery category and patient age outlined below:

Check the most appropriate box, based on surgery category and patient age (for surgeon's use only)

MINOR SURGERY	MAJOR SURGERY	
<input type="checkbox"/> Note: Preoperative tests are rarely indicated for asymptomatic patients undergoing minor surgery.*	<input type="checkbox"/> Patient is 16 - 49 years of age. <i>Order: CBC. Other tests may be indicated.*</i>	<input type="checkbox"/> Patient is 50 years of age or older. <i>Order: CBC; ECG; Cr/eGFR; and Na⁺, K⁺, Cl⁻, TCO₂. Other tests may be indicated.*</i>
<p>* Additional tests may be appropriate for patients with complex or uncommon surgical or medical conditions. Apply clinical judgment as required. Consult the Routine Preoperative Lab Test Guidelines document for details (download it here: wrha.mb.ca/extranet/eipt/EIPT-003.php)</p>		
<p>NOTICE: CHEST X-RAYS NOT RECOMMENDED FOR ANY SURGERY except to facilitate diagnosis of new/worsened symptoms, or if ordered by the surgeon in the work up of a malignancy.</p>		

Upon completion, send the H&P form and copies of relevant test results to:

[insert surgeon's contact info]

DELAYS IN RECEIVING TEST RESULTS MAY RESULT IN SURGERY DELAYS.

Thank you for your cooperation.

Surgical Office Assistant