

LIFE BACK MEDICAL

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MICHAEL F. SEDRAK, MD
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Date: _____

Name:

DOB:

Address:

RX: PRE-OP LABS:

ALL PATIENTS

- CBC (with DIFF)
- ELECTROLYTES
- GLUCOSE
- PT
- PTT
- HIV (with screening to Reflex Western BLOT)
- HEPATITIS B (HbsAg,)
- HEPATITIS C (HepCAb)
- URINALYSIS

FEMALE PATIENTS

- URINE PREGNANCY TEST OR BLOOD PREGNANCY TEST

ALL PATIENTS 40 YRS AND UP

- EKG
- CHEST X-RAY (NO CONTRAST)
- MEDICAL CLEARANCE LETTER

(A letter from your primary care physician stating you are medically cleared for surgery)

BLOOD TESTS NEED TO BE DONE AT LEAST 2-3 WEEKS PRIOR TO SURGERY
PLEASE FAX RESULTS TO (619) 209-7888 Attention DR SEDRAK

MICHAEL F SEDRAK, MD

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