

Downsize Lipo Center of Houston

Dr. Mark Hennessy
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This patient is scheduled to have liposuction surgery in the near future. Should you choose to see this patient in your office to provide surgical clearance, please ask your office personnel to contact the patient directly, Please Fax your evaluation and any supporting documentation as soon as completed. Thank you, your assistance is greatly appreciated!

Patient's Name _____

Patient's Phone: (Cell) _____ (Home) _____

Birthdate _____ Surgery Date _____

Proposed Surgery : Liposuction _____ Anesthesia: Tumescant _____

Significant past medical history:

List of previous operations:

Current Medications with Dosage:

Drug & Food Allergies:

B/P: _____ Pulse: _____

Heart _____

Lungs _____

Card/V ASC _____

ABD _____

EXT _____

Neuro/Psych _____

Diagnoses _____

Remarks: _____

Is this patient cleared to have surgery? _____

Date: _____ Signed: _____ M.D.