

Dear Doctor:

Our patient, \_\_\_\_\_, is to undergo blepharoplasty in the near future. As part of the preoperative evaluation for this patient, could you kindly perform an ophthalmologic examination to include the following:

1. Visual acuity
2. Visual fields
3. Extraocular movements
4. Fundoscopic examination
5. Glaucoma check
6. Schirmer tearing test

Your willingness to share in the care of this patient is greatly appreciated.

**\*\*\*\*\*Please FAX results to 513-396-8995 \*\*\*\*\***

Yours truly,

Jon. E. Mendelsohn, M.D.  
Advanced Cosmetic Surgery and Laser Center