



166 Pasadena Dr. Suite 100  
Lexington, KY 40503  
(859 )279-2111

Patient Name \_\_\_\_\_

*In order to prepare for your procedure, you will need to complete the following tasks that are checked below:*

- ☐ Complete blood count
- ☐ Basic metabolic panel
- ☐ Chest X Ray report
- ☐ Mammogram report
- ☐ EKG report
- ☐ Primary care physician letter of clearance for procedure

Operative report for: \_\_\_\_\_

Notes regarding: \_\_\_\_\_

Diagnosis Code:   Z01. 818  

\_\_\_\_\_  
Theo Gerstle, MD

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You may scan and e-mail documents to [admin@lexingtonps.com](mailto:admin@lexingtonps.com)