



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

Katie Dadi, APRN

Phone number: 859-279-2111

Fax number: 859-303-6005

You may scan and e-mail documents to admin@lexingtonps.com