TO: Montgomery Surgery Center

(301) 424-6901 Office (866) 989-5921 Fax

FROM: Gagan J. Singh, M.D.

(301) 528-4500 Office

225°

SURGERY DATE: DECEMBER 24, 2013

Cataract Surgery: Order of Patients:

	Patient Name	Right / Left	1st / 2nd	IOL	NOTES
1					
2					
3					
4					
5					
6					
7					
8					
9					

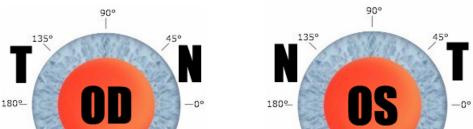
Attached you will find the following:

 ▶ Surgical Orders
 10 < 15 ------ 0.5D</td>

 ▶ Consent To Operation
 15 < 20 ----- 1.0D</td>

 ▶ History and Physical Information
 20 < 25 ----- 1.5D</td>

 ▶ Office Visit Note
 25 or more --- 2.0D



☐ Comments: This facsimile may contain private health information and is intended only for the recipient. If you received this information in error, please contact us at the above listed number. Thank you.

315° 225° 315° 270° 270°