



**FOOT & ANKLE
SURGICAL ASSOCIATES**
OF ORANGE COUNTY

**Eric T. Travis, DPM, Inc
Wesley M. Kobayshi, DPM, Inc
24310 Moulton Parkway Suite A
Laguna Woods, CA 92637
949.855.4414 www.beachpodiatry.com**

Dear Dr. _____,

Your patient _____ is scheduled for foot surgery on _____ at the following foot surgery center.

BASIC SURGERY CENTER IRVINE

FOOTHILL RANCH SURGERY AND MEDICAL CENTER

MEMORIALCARE SURGICAL CENTER AT ORANGE COAST

FOUNTAIN VALLEY OUTPATIENT SURGERY CENTER

The surgery center's guidelines for outpatient surgery are attached. I would be most appreciative if you could provide me with an opinion regarding the patient's surgical risk and your recommendations.

This surgery will be performed under local/general anesthesia (with/without sedation) and monitored by the anesthesiologist.

Please fax back attached History and Physical and any labs or EKG that is needed to

949-598-9443

These need to be returned no later than _____ or the patient's surgery will be CANCELED.

The attached H&P form should be filled out if provided. The surgery center will not accept any substitutions.

Should you have any questions regarding these forms, please feel free to contact my office.

Thank you,

Thank you,

Eric Travis, DPM

Wesley Kobayashi, DPM

Surgery Scheduler: Sarah 949-855-4414