

To my colleague:

Regarding: \_\_\_\_\_

DOB: \_\_\_\_\_

The patient above is considering having functional blepharoplasty. My examination of their eyes reveals substantial dermatochalasis with likely visual field obstruction. In order to obtain insurance approval, we will need visual field testing. I would also appreciate your full evaluation, including:

1. Visual acuity, with and without glasses.
2. EOM Movement and balance
3. Visual Field testing (taped & untaped)
4. Ptosis evaluation
5. Tension
6. Canthal tendon
7. Condition of the cornea

I would very much appreciate your advising me, if your examination reveals any condition that would be a contradiction to the surgery or, if any special precautions are indicated.

Thank you in advance for your cooperation and report. Please send/fax the visual field testing results and any other relevant findings to the contact information.

Sincerely,

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