

Application for Anesthesia Support

Date: [Insert Date]

To,

The Anesthesia Department,
[Hospital/Clinic Name],
[Address],
[City, State, Zip Code].

Dear [Anesthesiologist's Name or 'Anesthesia Team'],

I am writing to formally request anesthesia support for my upcoming surgical intervention on [insert surgery date]. I have been advised by my surgeon, Dr. [Surgeon's Name], regarding the need for anesthesia based on my medical condition.

Patient Details:

- Name: [Patient's Full Name]
- Date of Birth: [DOB]
- Medical Record Number: [MRN]
- Contact Information: [Phone Number, Email]

Details of Surgery:

- Type of Surgery: [Describe the surgery]
- Surgeon: Dr. [Surgeon's Name]
- Date and Time: [Insert Date & Time]

Medical History:

[Brief summary of relevant medical history and any allergies or conditions that may affect anesthesia.]

I would appreciate it if you could review my case and provide the necessary anesthesia support to ensure a safe and effective surgical experience. Please let me know if any further information is required.

Thank you for your attention to this matter.

Sincerely,

[Patient's Full Name]
[Signature if sending a hard copy]

[Address]

[City, State, Zip Code]

[Phone Number]