

Patient Name _____ Date of Birth ____ / ____ / ____

Procedure _____

Inpatient Outpatient Date ____ / ____ / ____

HISTORY

Current Condition _____

Allergies _____

Co-Morbidities _____

PREP

Insert Foley Cath _____ Fleet Enema Vinegar Douche

Shower Or Cleanse Prep _____ Shaving Instructions _____

Other _____

DIETARY RESTRICTIONS

NPO after midnight Other _____

PRE-OP MEDICATIONS/INSTRUCTIONS

Antibiotic _____ PO / IV / IM / SQ

Other _____ PO / IV / IM / SQ

Other _____ PO / IV / IM / SQ

OTHER

O2 _____ Incentive Spirometry SCD's

Ted Hose Knee Thigh Left Right

DIAGNOSTIC PROCEDURES Order by Anesthesia Provider

LAB DX _____

CBC PLT Function Screen APTT WSR

HCG CRP BMP CMP

INP ACCU Check UA (C&S If indicated) _____

_____ _____ _____ _____

BLOOD PRODUCTS

Type and Screen Type and Cross # _____ Units PRBC Auto Blood Available? # _____ Units

CARDIO PULMONARY / IMAGING

EKG DX _____ CXR DX _____ Other DX _____

_____ DX _____ _____ DX _____ _____ DX _____



Print Name of Physician*

Physician Signature*

Date ____ / ____ / ____