

DOCTORS SAME DAY SURGERY CENTER

SURGERY PRE-OPERATIVE ORDERS

Patient Name: _____

Your Surgery Date: _____

SUGGESTED LABORATORY STUDIES

<u>TEST</u>	<u>PATIENT STATUS</u>	<u>CIRCLE</u>	
Electrolytes (Bun & Creatinine)	Within one week Potassium if Patient on Diuretics	Yes	No
PT/PTT	PRN Per Anesthesia per Patient History	Yes	No
EKG	PRN Per Anesthesia per Patient History	Yes	No
Urine HCG	All menstruating female patients All female patients in childbearing years (unless patient has had a hysterectomy or tubal ligation) (will accept results within 48 hrs of OR date)	Yes	No

Type of Anesthesia requested _____

Prep _____

Antibiotic _____

Other _____

H & P Short Stay form or dictated
Consent: Needs proper signatures

Physician's Signature

Date