

PATIENT _____ ☐ M ☐ F (birth date) _____



(phone) Home _____ Work _____ Ext. _____

001220

Last 4 Social Security # _____

PHYSICIAN: _____ ☐ Can work early SCHEDULED BY _____

DATE OF PROCEDURE: _____ SCHEDULED TIME: _____ SCHEDULED OR: _____

DIAGNOSIS: _____

PROCEDURE: _____

Pre Cert # _____

SPECIAL CONSIDERATIONS / NEEDS: _____

POSITION: Supine Prone Sitting Lithotomy Lateral Other _____

PREFERRED TYPE OF ANESTHESIA: ☐ General ☐ MAC ☐ Local ☐ Spinal ☐ Bier Block ☐ Epidural
☐ Interscalene ☐ Axillary ☐ Other _____
☐ Request for Acute Pain Management Services

ALLERGIES: _____

ADMISSION STATUS: ☐ Med Emerg ☐ OP ☐ SDA ☐ IP ☐ OPPA ☐ Work. Comp ☐ Exp LOS _____

HISTORY AND PHYSICAL: (MANDATORY) ☐ Attached ☐ Dictated ☐ (Date dictated) _____ Date Faxed: _____

CONSENT: ☐ Attached ☐ Complete as stated above under "Procedure"
☐ Completed in Physician office ☐ Given to patient ☐ Will bring day of surgery

RISKS AND HAZARDS: _____

PRE-OP ORDERS (MANDATORY) ☐ Attached ☐ Pathway ☐ On file

LABS: ☐ SEE ORDERS ☐ PER ANESTHESIA GUIDELINES ☐ ATTACHED REPORTS
☐ Hemogram ☐ Electrolytes ☐ BUN/ Creatinine ☐ Glucose ☐ HCG Urine ☐ HCG Serum
☐ HIV ☐ PT / PTT ☐ Hepatic Functional Panel ☐ UA ☐ Urine Screen ☐ Urine C&S
☐ Type and Screen # of Units _____ ☐ Designated ☐ Auto

☐ EKG ☐ CHEST XRAY ☐ OTHER _____

RETRIEVE MOST RECENT PAST MEDICAL RECORD: Yes _____ No _____

Following Consults Pending or Completed

☐ Internal Medicine ☐ Cardiology
☐ Other

☐ OK for APEC to arrange Consults if Needed

Date/Time

Surgeon Signature

HOUSTON
Methodist
LEADING MEDICINE

**Pre Procedure
Assessment**
Physician Order Sheet
FORM # 001220-2PLY (01/2019) - Version 3
Anesthesia



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