

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

OK for APEC to arrange Consults if Needed

Internal Medicine Cardiology

Other

Date/Time

Surgeon Signature

Pre Procedure Assessment

Physician Order Sheet

FORM # 001220-2PLY (01/2019) - Version 3
Anesthesia

HOUSTON
Methodist
LEADING MEDICINE



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