: PRE-OP ORDERS

Order No.	Time	Date	Room	Entered By	Priority ☐ STAT ☐ NORMAL	Faxed/ Complete	Initials/ Signature
	Admit						
	DX.						
	Abdominal Prep						
	Perineal Prep						
	CBC						
	Type & Screen						
	Pre-op by Anesthesia						