

**Regional Medical Center
PRE-PROCEDURE ORDERS**

Same Day Surgery Fax: 410- -

Patient:	Allergies:
Date of Birth:	
Age: <input type="checkbox"/> Male <input type="checkbox"/> Female	Daytime Contact Phone #
Operative Diagnosis:	Surgical Procedure:
Surgeon:	Procedure Date: Arrival Time:
Testing Site: on	Primary Dr.:

No testing required for healthy patients or for minor procedures by prearrangement with Department of Anesthesiology. Urine UCG (for unsterilized females of childbearing age) and finger stick glucose (for diabetics) will be obtained at time of admission to Same Day Surgery unit.
 • UCG 81025 (V72.40)

<input type="checkbox"/> Hx. Anticoagulants (V58.61) <input type="checkbox"/> Other _____ • PT/PTT/INR 85610 / 85730 • CBC 85027	<input type="checkbox"/> Hx of Urinary Tract Infections (V13.09) / <input type="checkbox"/> Diabetes (250.00) • U/A 81003 <input type="checkbox"/> Other _____
<input type="checkbox"/> CAD (414.00) <input type="checkbox"/> COPD (496) • CHEM 8 80048 • CBC 85027 • EKG 93000 <input type="checkbox"/> Other _____ • CXR 71020	<input type="checkbox"/> Renal Disease (593.9) Or <input type="checkbox"/> Diabetes (Uncontrolled) (250.42) • CHEM 8 80048 • EKG 93000 • CXR 71020 <input type="checkbox"/> Other _____
<input type="checkbox"/> ETOH (305.00) / <input type="checkbox"/> Substance Abuse (305.90) • CHEM 8 80048 • Liver profile 80076 <input type="checkbox"/> Other _____ • CBC 85027	<input type="checkbox"/> Surgery with Possible Blood Loss (V72.83) <input type="checkbox"/> Other _____ • Type & Screen BBP 86850 • CBC 85027 <input type="checkbox"/> Crossmatch x _____ units 86920
<input type="checkbox"/> Severe Pulmonary Disease <input type="checkbox"/> Planned Thoracic Surgery (If not already done in past 3 months) • ABGs 82803 • PFT 94200 <input type="checkbox"/> Other _____	<input type="checkbox"/> Hypothyroid (244.9) <input type="checkbox"/> (Hx of) / Hyper (242.90) • TSH 84443 • T3 84480 • T4 84436 <input type="checkbox"/> Other _____
<input type="checkbox"/> Hepatic Disease (573.90) <input type="checkbox"/> Other _____ • CHEM 8 80048 • Liver 80076 • EKG 93000 • CBC 85027 • PT/PTT 85610 / 85730	<input type="checkbox"/> Smokers > 45 Years Old (305.1) / <input type="checkbox"/> Hx smoking (V15.82) • CXR 71020 • EKG 93000 <input type="checkbox"/> Hypertension (401.9) • CHEM 8 80048 • EKG 93000
	<input type="checkbox"/> Additional testing <input type="checkbox"/> Dx/codes

PREOPERATIVE CONSULTATIONS

Decompensated medical conditions require a consultation with the appropriate specialist.

- Consult obtained/scheduled for:
Doctor: _____
 No Consult Necessary

Pre-Surgery / Nursing Consult

Patients with a history of anesthesia problems, complicated or unusual medical problems, poly pharmacy or severe apprehension can be seen in the pre-surgical / anesthesia clinic by RN.
 Request pre-surgical consult Request Cardiac/Pulmonary Rehab.



715

PHYSICIAN SIGNATURE _____