

PHYSICIAN'S ORDERS:

Patient's Name: _____

Date of Surgery: _____

Arrival Time: _____ am/pm

Surgeon: _____

1. SURGICAL PERMIT TO READ:

2. LABORATORY:

_____ Finger Stick Glucose (if patient is known diabetic)

_____ Urine Pregnancy (visual color comparison)

_____ Other (Arranged by your office
at any licensed lab)

3. Anesthesia: Local MAC BLOCK GENERAL (circle)

4. Scrub Nurse: Yes No (circle)

5. ADMITTING ORDERS:

PATIENT INSTRUCTIONS FOR SURGERY

_____ Do not eat or drink anything from 12 midnight
the night before your surgery.

_____ You may have a clear liquid breakfast.

_____ An overnight companion required after
surgery.

You **must** have a contact phone number:

Before Operation _____

After Operation _____

Escort Phone Number _____

A pre-operative shower or bath is recommended before
coming to the surgery center.

Please do **not** wear any make-up or jewelry on the day
of your surgery.

***Leave valuables at home.**

Please bring a list of current medications and dosage.

Wear loose comfortable clothing.

YOU MUST BRING THIS ORDER SHEET WITH YOU!