

Patient Name:	DOB:	CSN#
Narrative Diagnosis:	<input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye	Date of PAT:
CPT Procedure Codes:		Date of Surgery:
Surgical Consent to Read (No Abbreviations):		H&P: WITHIN 30 DAYS

Allergies: No Known Allergies :

Physician has screened patient for Penicillin allergies and determined that cephalosporins are a safe antibiotic for this patient

PRE-SURGICAL SCREENING (PAT) ORDERS			
PAT Labs:			
<input type="checkbox"/> No Lab Required <input type="checkbox"/> CBC <input type="checkbox"/> CBC with diff <input type="checkbox"/> BMP <input type="checkbox"/> CMP	<input type="checkbox"/> EKG <input type="checkbox"/> BUN/Creatinine <input type="checkbox"/> K+ <input type="checkbox"/> Other _____		
DAY OF SURGERY ORDERS			
Pre-Op Tests			
<input type="checkbox"/> None <input type="checkbox"/> CBC <input type="checkbox"/> BMP <input type="checkbox"/> BUN/Creatinine <input type="checkbox"/> EKG <input type="checkbox"/> K+ <input type="checkbox"/> Other: _____			
Medications:			
<input type="checkbox"/> cyclopentolate 1% and phenylephrine 2.5%	1 drop	every 5 min x 3	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
<input type="checkbox"/> cyclopentolate 1% and phenylephrine 2.5%	1 drop	every 15 min x 4	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
<input type="checkbox"/> ketorolac ophthalmic 0.5%	1 drop	every 15 min x 4	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
<input type="checkbox"/> Other: _____	_____	_____	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
<input checked="" type="checkbox"/> Insert peripheral IV			
	Special Requests:		

	<input type="checkbox"/> SCD: Knee High		
Date / Time:	Physician Signature:		

