

HALIFAX HEALTH
 303 N. Clyde Morris Blvd., Daytona Beach, FL 32114
 1041 Dunlawton Ave., Port Orange, FL 32127

Patient Name _____
 Adm. Date _____
 Date of Birth _____
 MR # _____
 Dr. _____
 Age _____
 Visit # _____
 Sex _____

PHYSICIAN'S ORDERS
PRE-OP TESTING/DAY OF SURGERY
 (SUPROPTEST)

ALLERGIES:

HIGH RISK / DO NOT USE ABBREVIATIONS: U, IU, MS, MSO4, MgSO4, QD, QOD.
 ALWAYS WRITE OUT INTENDED MEANING AND USE METRIC. DO NOT USE A ZERO AFTER A DECIMAL; ALWAYS USE A ZERO BEFORE A DECIMAL.

DATE	TIME	CK'D (✓)	
			<p><input checked="" type="checkbox"/> CHECK BOX TO INITIATE ORDER</p> <p>Date of Pre-op: _____ Date of Surgery: _____</p> <p>PRE-OP ASSESSMENT ORDERS:</p> <p><input checked="" type="checkbox"/> Pre-Anesthetic Testing per anesthesia criteria (HMC1276)</p> <p><input type="checkbox"/> Pre-Anesthetic Testing as indicated by Surgeon:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chest X-ray <input type="checkbox"/> EKG <input type="checkbox"/> CMP <input type="checkbox"/> BMP <input type="checkbox"/> U/A, C&S if indicated <input type="checkbox"/> CBC <input type="checkbox"/> CBC w/Diff <input type="checkbox"/> Electrolytes <input type="checkbox"/> PT/INR** <input type="checkbox"/> APTT <input type="checkbox"/> Type & Screen <input type="checkbox"/> Type & Cross _____ units <input type="checkbox"/> Other _____ <p><input type="checkbox"/> Pre-Anesthetic Testing Diagnosis Code (for medical necessity): _____</p> <p><input type="checkbox"/> Obtain Surgical Consents for: _____</p> <p>_____</p> <p>_____</p> <p>DAY OF SURGERY ORDERS:</p> <p><input type="checkbox"/> ** If normal clotting studies have not been obtained following discontinuation of anticoagulants, a PT/INR must be drawn prior to surgery. This may result in delays.</p> <p><input type="checkbox"/> Other orders for Same Day Surgery nurse:</p> <p>PRE-OP: _____</p> <p>_____</p> <p>PREP: _____</p> <p>_____</p> <p><input type="checkbox"/> Admit to Inpatient: Attending Physician _____</p> <p><input type="checkbox"/> Same Day Surgery</p> <p><input checked="" type="checkbox"/> Scheduled Surgical Procedure: Diagnosis Code(s): _____</p> <p>CPT Code(s): _____</p> <p>Physician Signature: _____ Dictation #: _____</p> <p>PHYSICIANS: PLEASE REMEMBER TO USE YOUR DICTATION NUMBER WITH YOUR SIGNATURE.</p>



PHYS ORDER

ALL ORDERS TO PHARMACY