Beaufort Memorial

Booking & Pre-op Surgery Orders v14

Booking Information

Please Print or Type. Do Not Use Abbreviations.

Main OR [☐ Inpatient (IP) ☐ Observation (OPPO) ☐ Outpatient (OP)] ☐ **BMSC**

Date of Surgery _____ Allotment _____ Time _____ Surgeon_____

Last Name _____ First _____ MI _____ ☐ Male ☐ Female

Address _____ City, State, zip_____

Phone # (Home) _____ (Work)_____ DOB _____

Primary Insurance _____Policy/Group # _____

Secondary Insurance _____Policy/Group #_____

ICD10 (REQUIRED)_____ CPT Code(s)(REQUIRED)_____

Office Scheduler Name _____ Date/Time_____

Office Scheduler Verify and Print Procedure _____

_____

Pre-Op ☐ Visit _____ ☐ Phone Call ☐ Anesthesia Consult ☐ PAC

Orders

Procedure _____

_____

_____

Diagnosis _____

Special Equipment _____

Allergies Update allergies w/ reaction_____

Labs and Diagnostics

☐ CBC w/ Auto Differentiation
☐ CBC-O (Collect extra SST) for blood conservation
☐ Prothrombin Time – PT/INR
☐ Partial Thromboplastin Time - PTT
☐ Metabolic Panel (Basic) – BMP
☐ Metabolic Panel (Complete) – CMP
☐ Pregnancy Test (Urine)
☐ Urinalysis
☐ Culture, Urine
☐ Blood Type
☐ Type and Screen
☐ Glycated Hemoglobin (A1c)
☐ Chest PA & Lateral - Reason for exam – Pre-op
☐ Electrocardiogram - Reason for exam – Pre-op
☐ MRSA Culture Screen (Nasal Swab)

Other

☐ Obtain Consent for Blood Transfusion ☐ Obtain Consent for Sterilization

☐ SCD Left Calf ☐ SCD Right Calf ☐ SCD Left Foot ☐ SCD Right Foot

Medications Please enter drug and dose.

☐ Antibiotics_____IVPB on call to OR

☐ Vancomycin_____grams IVPB on call to OR (*if Cephalosporin allergic or MRSA positive)*

☐ Other Medications: _____

Additional Orders_____

_____

Physician' s SIgnature:_____

Date:_____ Time: _____

ORD