Placentia-Linda HOSPITAL

Physician Name: _____

Address: _____

_____

City: _____ Zip: _____

Phone: _____ Fax: _____

Admit Status (Required): ☐ Inpatient ☐ Outpatient ☐ Outpatient-Extended

Patient Name: _____

Date of Surgery: _____

Pre-op Diagnosis: _____

Consent to Read: _____

_____

_____

Pre-op Orders

☐ NPO	☐ CBC	☐ UA
☐ CXR	☐ BMP	☐ Electrolytes
☐ EKG	☐ CMP	☐ ProTime
☐ Autologous_____units	☐ Type & Cross_____units	☐ PTT
	☐ Type & Screen_____units	☐ Preg Test
☐ Sterilization/Hysterectomy Consent	☐ Accu-Check for Diabetes	☐ COVID-19 Screen

Prep ☐ Clip ☐ Chloraprep_____

☐ Start Saline Lock (if not already in place)

Special Instructions: _____

_____

PRE OP ANTIBIOTIC_____

ALLERGIES_____HT_____WT_____

Medical Clearance by MD_____ Phone_____

History & Physical by_____

*TJC (PC.01.02.03 EP 5), Title 22 and CMS require a medical history and physical examination must be completed **no more than 30 days before** or 24 hours after admission. An update note is required immediately **prior to surgery** on all cases and for inpatient's if the H & P was completed prior to admission.*

If pre-op diagnostics (LAB, EKG, CXR) completed elsewhere, please indicate facility:

EKG_____ CXR_____ LABS_____ COVID-19_____

NURSE NOTED	DATE/TIME	INITIALS	DATE / TIME	PHYSICIAN SIGNATURE OR AUTHENTICATION

Placentia-Linda HOSPITAL

PATIENT ID:

NAME: _____

DOB: _____

SS: _____