BAPTIST MEMORIAL HOSPITAL – GOLDEN TRIANGLE

ORD

PHYSICIAN'S ORDERS

ORDERED Date	ORDERED Time	ORDERS	TIME ORDER NOTED
		OUTPATIENT SURGERY ADMIT **Dr. Childrey**	
		1. Admit to outpatient surgery-Dr. Childrey	
		2. NPO	
		3. Diagnosis:	
		4. CBC with diff., U/A Surgical Panel, CMP, PT/PTT,-Pre-Op	
		5. HCG-Qualitative or quantitative-Pre-Op	
		6. LH/FSH/Prolactin, Thyroid Profile with TSH, draw-Pre-Op	
		7. IVF: _____	
		8. Vitals Routine	
		9. Bowel Prep: _____	
		10. Anesthesia for Pre-Op Meds: _____	
		11. Hx and P.E. Dictated	
		12. Pre-Op Antibiotics: _____	
		13. Op Permit: _____	
		Physician Signature:_____ Date/Time: _____	

▼ Addressograph / Patient Label ▼

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OUTPATIENT SURGERY ADMIT
DR. CHILDREY

Form # 18-214.32 (02/07)

Original – Chart / Canary – Pharmacy