



AC2C320

Patient Name:

Patient's Date of Birth:

Name of Surgeon (print legibly):

MRN:

ASC Pre Operative Services PowerPlan

Planned Surgical Procedure: _____

Diagnosis: _____ Date of Surgery: _____

(REQUIRED): Height: _____, Weight: _____,

Allergies: _____

Consults

Physician to Physician Consult: ASA III Adult and ASA II and III Pediatric patients must have consults

- Anesthesiology: ASA III Adult patient
- Anesthesiology: ASA II and III Pediatric patient
- Anesthesiology: Physician and/or Patient has requested to see anesthesia
- Other Reason for Anesthesia Consult: _____

Specific Comments:

History and Physical:

- History and Physical by pre-operative services
- History and Physical provided by surgeon's office

Laboratory

All labs and preoperative testing per preoperative services (POS) *Preferred*

AND/OR any of the labs below

- Chem 8
- Complete Blood Count
- CBC with Diff
- Prothrombin Time **Pt taking Coumadin?** Yes No
- aPTT **Anticoagulation therapy?** Yes: Medication: _____ No
- Blood Type and Antibody Screen
- HCG-Qual Serum
- Other
- Urinalysis
- Urine culture
- HCG-Qual Urine
- Other

Diagnostic Tests

- Electrocardiogram-OP-Standard Reason for Exam: Preop clearance
- Chest Routine (P-A/A-P and Lateral) Reason for Exam: Preop clearance
- Other
- Other

Additional Orders:

- Other medical consult initiated by surgeon? No Cardiology Pulmonary Renal Sleep
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MD/LIP Signature: _____ **ID#:** _____ **Date:** _____ **Time:** _____

RN Signature: _____ **ID#:** _____ **Date:** _____ **Time:** _____