



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:** \_\_\_\_\_