

St Joseph's Outpatient Surgery Center

Date:	PRE-OP PHYSICIAN'S ORDER	Phone (602)-406-3552 FAX: (602)798-9718
	Date Ordered:	
	Patient Name:	DOB:
	Patient Phone:	
	Home:	
	Cell:	
	Work:	
	Surgery Date:	Time:
	Surgery Diagnosis:	
	Operative Permit:	
	Laboratory:	
	<input type="checkbox"/> Blood Sugar	
	<input type="checkbox"/> Urine Pregnancy	
	<input type="checkbox"/> EKG in Pre-op	
	<input type="checkbox"/> Other: (please list)	
	Pre-op Meds/IV's	
	<input type="checkbox"/> LR 1000ml TKO	
	<input type="checkbox"/> Antibiotic (please indicate med & dose)	
	<input type="checkbox"/> 23 HR Observation	
	Physician's Signature:	
	Noted by:	