Saint Alphonsus
A Member of Trinity Health

AFFIX PATIENT LABEL OR WRITE
Patient's Name: _____
Date of Birth: _____
Today's Date: _____

Surgical Orders - Retina Surgery -- SAHS-2246

Narrative Diagnosis: ☐ Right Eye ☐ Left Eye	**CSN#**
	Date of Surgery:
CPT Procedure Codes:	H&P: WITHIN 30 DAYS

Surgical Consent to Read (No Abbreviations):

Allergies: No Known Allergies ☐

☐ Physician has screened patient for Penicillin allergies and determined that cephalosporins are a safe antibiotic for this patient

DAY OF SURGERY ORDERS

Pre-Op Tests
☐ None ☐ CBC ☐ BMP ☐ BUN/Creatinine ☐ EKG ☐ K+ ☐ Other:_____

Medications:

			Eyes
☐ cyclopentolate 1% and phenylephrine 2.5%	1 drop	every 5 min x 3	☐ Right ☐ Left ☐ Both
☐ cyclopentolate 1% and phenylephrine 2.5%	1 drop	every 15 min x 4	☐ Right ☐ Left ☐ Both
☐ ketorolac ophthalmic 0.5%	1 drop	every 15 min x 4	☐ Right ☐ Left ☐ Both
☐ Other:_____	_____	_____	☐ Right ☐ Left ☐ Both

☐ Insert peripheral IV

Special Requests:

_____

☐ SCD: Knee High

Date / Time:

Physician Signature:

* O R D E R S *