



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:	<input type="checkbox"/> Right Eye <input type="checkbox"/> 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
<input type="checkbox"/> cyclopentolate 1% and phenylephrine 2.5%	1 drop	every 5 min x 3		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
<input type="checkbox"/> cyclopentolate 1% and phenylephrine 2.5%	1 drop	every 15 min x 4		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
<input type="checkbox"/> ketorolac ophthalmic 0.5%	1 drop	every 15 min x 4		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both
<input type="checkbox"/> Other: _____	_____	_____		<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both

Insert peripheral IV

	Special Requests:
	_____ <input type="checkbox"/> SCD: Knee High

Date / Time:	Physician Signature:
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