

Patient Name: _____ ID #: _____

Facility: BroMenn TCOM

Surgery Date: _____ Notify: _____

INPT OUTPT 23 HR OBS Pt preference (OUTPT or 23 HR OBS)

Labs: CBC BMP CMP CXR
EKG PT PTT OTHER(S):

Pre-Op Clearance? Yes With Dr.: _____ Date: _____

Cardiac Clearance? Yes With Dr.: _____ Date: _____

Pre-Surg Anesthesia Eval? Yes

Schedule Surgery: Routine, based on convenience and availability
< 2 weeks < 1 month
> 1 week after clearances > 2 weeks after clearances
 Do not **schedule** until insurance pre-auth/pre-determination is successful

Nerve Monitoring: NIM Unit Nerve Monitoring Technician Service

Anesthesia: General Local MAC Image Guidance: Yes

Need Surgical Assistant? Yes

Anticipate Frozen Section Pathology? Yes

Procedure Duration: 20 min 30 min 40 min 1 hr
1.5 hr 2 hrs 3 hrs Other _____

Pre-op Medication: cefazolin: 2 g; cefazolin 3 g (for weight >120 kg);
 vancomycin 15mg/kg= _____ ; Afrin 2 sprays each nostril
 Other: _____

Diagnosis: _____

Procedures: _____

Surgery Packet "P-_____" Consent form "C-_____" OR Preferences "OR-_____"
Inform the patient by e-mail. Inform the OR when posting. Inform the OR when posting.

Post-op: Sheler Lansford
 3-5 days ~1 week ~2 weeks ~3 weeks With audiogram & tymps