

Patient Label

Keith Larkin, M. D.

Physician Orders

Patient Name _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure:
		Out Patient Surgery Scheduled On _____
		Admit to Dr Larkin
		Allergies: _____
		Laboratory <input type="checkbox"/> per anesthesia
		<input type="checkbox"/> CBC
		<input type="checkbox"/> Urinalysis
		<input type="checkbox"/> EKG
		<input type="checkbox"/> Chest X-Ray
		<input type="checkbox"/> Other
		Pre Op Medication per anesthesia
		Shave & prep operative site
		Ancef - 1 gram IVPB preop (pt wt less than 150 lbs)
		- 2 gram IVPB preop (pt wt greater than 150 lbs)
		(If Penicillin or Cephalosporin allergy give Vancomycin 1 gram IVPB slow drip preop)
		NPO after midnight prior to surgery
		Place IPC sleeve to <input type="checkbox"/> left / <input type="checkbox"/> right calf

Date _____

Physician Signature _____