updated 9/10/2010

Patient Label

Greater New Orleans Surgery Center

Warren Bourgeois, M. D.

Physician Orders **Patient Name** _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure _____
		Out Patient Surgery Scheduled On _____
		Admit to Dr Bourgeois
		Allergies: _____
		Laboratory
		☐ CBC
		☐ Urinalysis
		☐ EKG
		☐ Chest X-Ray
		☐ Other
		Pre Op Medication per anesthesia
		Shave & prep operative site

Date _____ **Physician Signature** _____