

Patient Label

R. William Junius III, M. D.

Physician Orders

Patient Name _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure:
		Out Patient Surgery Scheduled On _____
		Admit to Dr Junius
		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
		Antibiotics:
		<input type="checkbox"/> Ancef 1 gm IV
		<input type="checkbox"/> Ancef 2 gm IV
		<input type="checkbox"/> Cipro 400 mg IV
		<input type="checkbox"/> Other _____
		For all lower extremity procedures: Apply knee high TED hose to non-operative leg & send other TED with patient to OR to be placed post operatively.

Date _____

Physician Signature _____