

PATIENT LABEL

Greater New Orleans Surgery Center

Patient Name: \_\_\_\_\_

**PHYSICIAN'S HISTORY & PHYSICAL**

Admitting Diagnosis:

Present Illness:

**History**

PMH

Meds:

See Attached

Allergies: (Drugs & Biologicals)

NKA to Drugs and Biologicals

**Physical Exam**

Heart:

Lungs:

HEENT:

Abdomen:

Extremities:

Other:

DVT Risk Assessed

The patient is cleared for surgery in an ambulatory setting

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The H&P reviewed and patient examined on the date of surgery.  No changes noted or  The following changes were noted: \_\_\_\_\_

**POST OPERATIVE FINDINGS**

Operation

Specimen Sent to Lab  Yes  No

Progress Notes:  Stable to PACU

Instructions:  Given to Patient  Written  Verbal

Final Diagnosis:

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Ruth Owens MD