

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: _____

No jugular venous distention

Lungs: _____

Unlabored Breathing

HEENT: _____

Within normal limits

Abdomen: _____

Soft, non tender

Extremities: _____

Good muscle strength in all major muscle groups Sensation intact to soft touch and pin pricks, proprioception intact Deep tendon reflexes within normal limits

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: _____

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