

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: _____

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