



Townsen Memorial Health System Surgery Scheduling / Physician Order Form

<p>SURGERY LOCATION:</p> <p>Hospitals</p> <p><input type="checkbox"/> Townsen Memorial Hospital – Humble Office: (281)369-9001 Fax: (866)499-1008 Scheduling@TownsenHospital.com</p> <p><input type="checkbox"/> Townsen Memorial Hospital – West Office: (346)741-5800 Fax: (346)781-0020 West@TownsenHospital.com</p> <p>Hospital Outpatient Based Departments</p> <p><input type="checkbox"/> Townsen Memorial Surgery Center – Katy Office: (346)636-7500 Fax: (346)636-7501 Packets.Katy@TownsenHospital.com</p> <p><input type="checkbox"/> Townsen Memorial Surgery Center - Kingwood Office: (713)243-3548 Fax: (866)539-8631 Packets.Kingwood@TownsenHospital.com</p> <p><input type="checkbox"/> Townsen Memorial Surgery Center – Med Center Office: (346)200-9400 Fax: (346)200-9499 Packets.MedCenter@TownsenHospital.com</p> <p><input type="checkbox"/> Townsen Memorial Surgery Center – River Oaks Office: (346)348-0020 Fax: (346)613-4001 Packets.RiverOaks@TownsenHospital.com</p> <p><input type="checkbox"/> Townsen Memorial Surgery Center - Spring Office: (346)386-6700 Fax: (346)386-6701 Packets.Spring@TownsenHospital.com</p> <p><input type="checkbox"/> Townsen Memorial Surgery Center – The Woodlands Office: (346)352-2400 Fax: (346)589-0600 Packets.Woodlands@TownsenHospital.com</p>	<p>PATIENT INFORMATION:</p> <p>Patient's Name: _____</p> <p>Date of Birth: _____ Contact Number: _____</p> <p><i>Please do not forget to include Patient's ID, H&P, and insurance card if necessary</i></p> <hr/> <p>SURGERY INFORMATION:</p> <p>Surgeon: _____</p> <p>Surgical Assist: _____</p> <p>Surgery Date & Time: _____</p> <p>Pre-op Diagnosis: _____</p> <p>Procedure/Consent: _____</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Type of Service:</p> <p><input type="checkbox"/> Inpatient</p> <p style="padding-left: 20px;">Expected LOS _____</p> <p><input type="checkbox"/> Outpatient</p> <p><input type="checkbox"/> Observation</p> <p><input type="checkbox"/> Observation – 23hrs</p> <p><input type="checkbox"/> Extended Recovery</p> </td> <td style="width: 50%; padding: 5px;"> <p>ICD-10: _____</p> <p>CPT Code(s): _____</p> </td> </tr> </table>	<p>Type of Service:</p> <p><input type="checkbox"/> Inpatient</p> <p style="padding-left: 20px;">Expected LOS _____</p> <p><input type="checkbox"/> Outpatient</p> <p><input type="checkbox"/> Observation</p> <p><input type="checkbox"/> Observation – 23hrs</p> <p><input type="checkbox"/> Extended Recovery</p>	<p>ICD-10: _____</p> <p>CPT Code(s): _____</p>
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SURGERY REQUIREMENTS:

Cell Saver (Mark one): YES NO Neuromonitoring (Mark one): YES NO

C-Arm Required (Mark one): YES NO C-Arm Size (Mark one): LARGE SMALL

Operative Position: PRONE SUPINE LATERAL LITHOTOMY

Positioning Device(s): _____

Operative Table: JACKSON WILSON FRAME REGULAR BEACH CHAIR MAYFIELD OTHER

Anesthesia:

General TIVA MAC Local Nerve Block

Other _____

Diet:

NPO after Midnight Other _____

Vital Signs: Routine

Special Equipment(s)/Implants:

Vendor: _____

Rep's Name: _____

Rep's Contact Number: _____

Labs:

CBC CMP BMP PT/INR PTT U/A

LIPID PANEL HbA1C 1 Stat ABG

Type & Cross _____ Units PRBC

Urine Pregnancy Test Other _____

Diagnostics: EKG CXR

DVT Prophylaxis: Ted Hose SCDs

DME: Yes No Provided by Hospital Surgeon

Equipment Needed: _____

PT: Yes No

Pre-op Medications:

Levofloxacin (Levaquin) 500mg IVPB

Levofloxacin (Levaquin) 750mg IVPB

Cefazolin (Ancef) 2G IVPB

Cefazolin (Ancef) 1G IVPB

Clindamycin 600mg IVPB

Other _____

Obstetric Patients:

FHR via Doppler before and after procedure/surgery

Diabetic Patients: FSBG prior to procedure/surgery

Renal Patients: Chem-8 and Serum Potassium (K+)

Surgeon Clearance Requests:

Medical Clearance Cardiology Clearance

Other _____ Per Anesthesia Request

IV Fluids: LR @ 30mL/hr NaCl @ 30 mL/hr

Infection Preventative Measures:

Antibacterial wash instructions provided during PAT encounter

CHG wipes to surgical site in Pre-Op

Surgeon/Physician Signature:

Date: _____ Time: _____