Townsen Memorial Health System Surgery Scheduling / Physician Order Form

SURGERY LOCATION:

Hospitals

□ Townsen Memorial Hospital – Humble
Office: (281)369-9001 Fax: (866)499-1008
Scheduling@TownsenHospital.com

□ Townsen Memorial Hospital – West
Office: (346)741-5800 Fax: (346)781-0020
West@TownsenHospital.com

Hospital Outpatient Based Departments

□ Townsen Memorial Surgery Center – Katy
Office: (346)636-7500 Fax: (346)636-7501
Packets.Katy@TownsenHospital.com

□ Townsen Memorial Surgery Center - Kingwood
Office: (713)243-3548 Fax: (866)539-8631
Packets.Kingwood@TownsenHospital.com

□ Townsen Memorial Surgery Center – Med Center
Office: (346)200-9400 Fax: (346)200-9499
Packets.MedCenter@TownsenHospital.com

□ Townsen Memorial Surgery Center – River Oaks
Office: (346)348-0020 Fax: (346)613-4001
Packets.RiverOaks@TownsenHospital.com

□ Townsen Memorial Surgery Center - Spring
Office: (346)386-6700 Fax: (346)386-6701
Packets.Spring@TownsenHospital.com

□ Townsen Memorial Surgery Center – The Woodlands
Office: (346)352-2400 Fax: (346)589-0600
Packets.Woodlands@TownsenHospital.com

PATIENT INFORMATION:

Patient's Name: _____

Date of Birth: _____Contact Number: _____

Please do not forget to include Patient's ID, H&P, and insurance card if necessary

SURGERY INFORMATION:

Surgeon: _____

Surgical Assist: _____

Surgery Date & Time: _____

Pre-op Diagnosis:
_____

Procedure/Consent:
_____

Type of Service:
□ Inpatient
Expected LOS _____
□ Outpatient
□ Observation
□ Observation – 23hrs
□ Extended Recovery

ICD-10:
_____

CPT Code(s):
_____

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

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_____

Special Equipment(s)/Implants:
_____

Vendor: _____
Rep's Name: _____
Rep's Contact Number: _____

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: _____