

TMC SURGERY ORDER FAX# 324-1851/324-1657

PATIENT NAME:

DOB:

PCP:

DATE OF SURGERY:

SURGEON: DR ABRAHAM JACOB

BEST PATIENT CONTACT NUMBER:

POST OPERATIVE APPT:

HOSPITAL: TUCSON MEDICAL CENTER (TAX ID# 860137567)

OUTPATIENT/INPATIENT

OPERATION:

DIAGNOSES/ICD- 10 CODES:

CPT CODES:

START TIME:

DURATION:

EQUIPMENT REQUIRED:

IMPLANT COMPANY/TYPE:

GENERAL ANESTHESIA: OLD PUEBLO ANESTHESIA

PRE-OP ORDERS:

1. **NPO: @ MIDNIGHT**
2. **P.A.T: CBC, BMP, PT, PTT, INR, EKG, HGA1C, SEQUENTIAL PNEUMATICS STOCKINGS (KNEE)**
3. **PREOPERATIVE ORDERS: GIVE 150 MG OF LYRICA, 1 TABLET BY MOUTH MORNING OF SURGERY**
4. **ANTIBIOTIC ORDER: START CEFAZOLIN 1GM IV (FOR PT(S) <80 KG OR 2GM, IV FOR PT(S) > 80 KG
WITHIN 60 MINUTES OF INCISION W/INTRA-OP. REDOSE AT 4HOURS. CLINDAMYACIN 600MG IV IF
ALLERGIC TO CEFAZOLIN**

ADDITIONAL NOTES:



DATE:

TIME: