



Med Center Health.

The Medical Center

Bowling Green • Scottsville • Franklin • Caverna • Albany • Russellville

Surgery Reservation and Orders

Directions: 1. To book an elective procedure in the OR, provide the following to Surgery Scheduling: a.) Surgery Reservation Order Form, b.) Patient Questionnaire
2. Surgery Scheduling will reply confirming Procedure Date/Time and PAT appointment.
3. While not required at booking, if using a surgical clinic note for H&P, confirm it was written 30 days prior to surgery date and send to Surgery Scheduling.

Medical Center Bowling Green: Fax: 270-745-1888 Phone: 270-796-5127 SurgSched@mchealth.net

Medical Center Albany: Fax: 606-387-3650 Phone: 606-387-3621

Medical Center Franklin: Fax: 270-598-4954 Phone: 270-598-4834

Medical Center Scottsville: Fax: 270-622-2209 Phone: 270-622-2829

Medical Center Russellville: Fax: 270-725-4569 Phone: 270-725-4780

Provider Contact

Contact Name: _____ Phone: _____ Surgeon Name: _____

Patient Information: Patients Legal Name (Last) _____ (First) _____ (M.I.) _____

Sex: Male _____ Female _____ DOB: _____ SS# _____

Phone Number: Primary _____ Secondary _____

Primary Insurance: _____ Policy ID#: _____

Allergies: _____

Procedure Detail: Status: SDC _____ Inpatient _____ Observation _____ Outpatient Extended Stay _____

Requested Procedure Date _____ PAT Date/Time _____ Surgery Arrival _____ hrs early

Consent for Procedure Left _____ Right _____ Bilateral _____ Implants: _____

Procedure (s): _____

CPT Codes: _____

Primary Diagnosis: _____

Surgical Anesthesia: ☐ Local/None ☐ MAC ☐ General/Block ☐ Regional/Block ☐ Spinal/epidural ☐ Neuromonitoring

Request pain block for postoperative pain control: ☐ Yes ☐ No

Special Requests: _____

Physician Orders:

☐ Access Permacath per MCH protocol to use during surgery. De-access per protocol on discharge from anesthesia recovery area

☐ Implement Med Center Surgical Decolonization Protocol

Labs: ☐ Tests per Anesthesia ☐ ERAS Protocol

☐ CBC	☐ CMP	☐ PT/INR	☐ Urine HCG (Qual)	☐ Type & Screen	☐ P2Y12
☐ H&H	☐ HgbA1c	☐ PTT	☐ Serum HCG (Qual)	☐ Plt Inhib Assay	☐ ASA PF
☐ BMP	☐ Liver Panel	☐ UA w/Reflex Culture	☐ Type & Crossmatch X _____ units	☐ MRSA Nasal Swab	

Orders: ☐ EKG ☐ Chest X-Ray ☐ US IntraOp ☐ ☐ ☐ US Mapping

Other tests: _____

Diet: ☐ NPO per Anesthesia ☐ NPO after _____

PreOp Medications:

☐ Any Cefazolin Allergy or Severe Cephalosporin Allergy (e.g., anaphylaxis or Stevens-Johnson syndrome), or Severe Cutaneous PCN Allergy (e.g., Stevens-Johnson syndrome) - administer alternative regimen per Med Center Health Surgery Prophylaxis Protocol

☐ History of MRSA ☐ Surgery with planned implant placement

☐ Cefazolin 2 g IV or 3 g (>=120 kg) 30 minutes before incision

☐ Vancomycin 15 mg/kg IV 120 minutes before incision 2 g max dose

☐ Clindamycin 900 mg IV 60 minutes before incision

☐ Gentamicin 5 mg/kg IV 60 minutes before incision

☐ Metronidazole 500 mg IV 60 minutes before incision

☐ Ampicillin 2 g IV 30 minutes before incision

☐ Acetaminophen 1 gm IV

☐ ICG Dye 2 ml IV

☐ Scopolamine TD patch

☐ Lovenox 40 mg SC

☐ Toradol 30 mg IV

Home Medication:

Stop Aspirin/NSAID's ☐ Yes _____ Days before Surgery ☐ No, Continue

Stop Antiplatelets ☐ Yes _____ Days before Surgery ☐ No, Continue

Stop Anticoagulants ☐ Yes _____ Days before Surgery ☐ No, Continue

PROVIDER SIGNATURE: _____ **DATE:** _____ **TIME:** _____

Surgery Reservation/Orders
001-660007 Rev 5/25

PHYORD





Pre-Admission Testing (PAT) Questionnaire

MCBG Surgery Scheduling
Phone: 270-796-5127
Fax: 270-745-1888
Email: SurgSched@mchealth.net

Directions: Fax or email to Surgery Scheduling with the Physician Surgery Reservation Form.

Patient Name: _____

	Question	Yes	No
1.	Do you have heart problems such as chest pain, heart attack, heart (coronary) stents, heart failure, valve problems, by-pass surgery, irregular heartbeat, aneurysm, murmur?		
2.	Have you ever experienced a stroke?		
3.	Do you have breathing problems such as COPD, emphysema, chronic bronchitis, severe asthma or require home oxygen treatment?		
4.	Do you have a pacemaker or defibrillator device?		
5.	Do you take blood thinners other than aspirin (i.e. Coumadin, Pradaxa, Plavix, Effient, Brilinta, Eliquis, Xarelto, Pletal, Arixtra)?		
6.	Do you take the following medications for diabetes or weight loss (Ozempic, Semaglutide, Wegovy, Mounjaro, Trulicity)?		
7.	Have you tested positive with Covid-19 in the last 6 weeks?		