



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.

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

MCA Surgery Scheduling: Fax: 606-387-3650 Phone: 606-387-3621

MCF Surgery Scheduling: Fax: 270-598-4954 Phone: 270-598-4834

MCS Surgery Scheduling: Fax: 270-622-2209 Phone: 270-622-2829

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 _____

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

Request pain block for postoperative pain control: Yes No

Special Requests: _____

Physician Orders:

Labs: Tests per Anesthesia Pre-Op Standing Order Set ERAS Protocol

- | | | | | | |
|---|---|--|---|---|---|
| <input type="checkbox"/> <input type="checkbox"/> CBC | <input type="checkbox"/> <input type="checkbox"/> HgbA1c | <input type="checkbox"/> <input type="checkbox"/> Dilantin Level | <input type="checkbox"/> <input type="checkbox"/> UA w/Reflex Culture | <input type="checkbox"/> <input type="checkbox"/> Plt Inhib Assay | <input type="checkbox"/> <input type="checkbox"/> ASA PF |
| <input type="checkbox"/> <input type="checkbox"/> H&H | <input type="checkbox"/> <input type="checkbox"/> Bilirubin | <input type="checkbox"/> <input type="checkbox"/> Theophylline | <input type="checkbox"/> <input type="checkbox"/> Urine HCG (Qual) | <input type="checkbox"/> <input type="checkbox"/> P2Y12 | <input type="checkbox"/> <input type="checkbox"/> MRSA Nasal Swab |
| <input type="checkbox"/> <input type="checkbox"/> BMP | <input type="checkbox"/> <input type="checkbox"/> Liver Panel | <input type="checkbox"/> <input type="checkbox"/> PT/INR | <input type="checkbox"/> <input type="checkbox"/> Type & Crossmatch X _____ units | <input type="checkbox"/> <input type="checkbox"/> Hibiclens | |
| <input type="checkbox"/> <input type="checkbox"/> CMP | <input type="checkbox"/> <input type="checkbox"/> Digoxin Level | <input type="checkbox"/> <input type="checkbox"/> PTT | <input type="checkbox"/> <input type="checkbox"/> Type & Screen | | |

Orders: EKG Chest X-Ray US IntraOp Vein Mapping US Neuromonitoring

Other tests: _____

Diet: NPO per Anesthesia NPO after _____

- PreOp Abx:** Cefazolin 2 gm IV or 3 gm (>=120 kg) Metronidazole 500mg IV on call x1
 Clindamycin 600 mg IV or 900 mg (if >80kg) (PEN Allergy) Gentamicin 5 mg/kg
 Vancomycin 15 mg/kg (Hx MRSA or Positive Screen) Unasyn 1.5g IV
 Cefotetan 1 gm IV or 2 gm (>80 kg) None

Other Medications: IV Acetaminophen 1 gm IV Toradol 30 mg IV Protonix 40 mg Scopolamine patch

DVT Prophylaxis: TED Hose SCID's Lovenox 40mg SC x1

Medication:

- | | | |
|---------------------------|--|--|
| Continue Home Medications | <input type="checkbox"/> Yes | <input type="checkbox"/> No, STOP _____ |
| Stop Beta Blocker | <input type="checkbox"/> Yes _____ Days before Surgery | <input type="checkbox"/> No, Continue |
| Stop Aspirin/NSAID's | <input type="checkbox"/> Yes _____ Days before Surgery | <input type="checkbox"/> No, Continue |
| Stop Antiplatelets | <input type="checkbox"/> Yes _____ Days before Surgery | <input type="checkbox"/> No, Continue |
| Stop Anticoagulants | <input type="checkbox"/> Yes _____ Days before Surgery | <input type="checkbox"/> No, Continue |

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

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PHYORD

