Med Center Health
The Medical Center
Bowling Green • Scottsville • Franklin • Caverna • Albany

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

PAT	DOS		PAT	DOS		PAT	DOS		PAT	DOS		PAT	DOS	
☐	☐	CBC	☐	☐	HgbA1c	☐	☐	Dilantin Level	☐	☐	UA w/Reflex Culture	☐	☐	Type & Screen	☐	☐	ASA PF
☐	☐	H&H	☐	☐	Bilirubin	☐	☐	Theophylline	☐	☐	Urine HCG (Qual)	☐	☐	Plt Inhib Assay	☐	☐	MRSA Nasal Swab
☐	☐	BMP	☐	☐	Liver Panel	☐	☐	PT/INR	☐	☐	Serum HCG (Qual)	☐	☐	P2Y12	☐	☐	Hibiclens
☐	☐	CMP	☐	☐	Digoxin Level	☐	☐	PTT	☐	☐	Type & Crossmatch X____ units						

Orders: PAT DOS ☐ ☐ EKG PAT DOS ☐ ☐ Chest X-Ray DOS ☐ US IntraOp R ☐ L ☐ Bil ☐ Vein Mapping US DOS ☐ Neuromonitoring
Other tests:_____

Diet: ☐ NPO per Anesthesia ☐ NPO after _____

PreOp Abx:
☐ Cefazolin 2 gm IV or 3 gm (>=120 kg)
☐ Clindamycin 600 mg IV or 900 mg (if >80kg) (PEN Allergy)
☐ Vancomycin 15 mg/kg (Hx MRSA or Positive Screen)
☐ Cefotetan 1 gm IV or 2 gm (>80 kg)
☐ Metronidazole 500mg IV on call x1
☐ Gentamicin 5 mg/kg
☐ Unasyn 1.5g IV
☐ 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	☐ Yes		☐ No, **STOP**	_____
Stop Beta Blocker	☐ Yes	_____ Days before Surgery	☐ No, Continue	
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:** _____

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The Medical Center at Bowling Green

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.	Have you tested positive with Covid-19 in the last 6 weeks?		

NOT PART OF MEDICAL RECORD