

PRE-OP CHECKLIST

Please Fax Pre-Op Checklists to Pre-Op Department at Fax #: (714) 665-4642

Patient Name:	Home Phone:	
DOB:	Work Phone:	
Surgeon:	Phone #:	
Surgeon Fax # (if requesting copy of results):	Contact Person:	
Description of Surgery:	Surgery Date:	<i>Circle one:</i> Inpatient Outpatient
	Surgery Time:	
Hospital/Facility:	ICD-9 Code(s):	
Hosp/Facility Phone #:	Hosp/Facility Fax #:	

Pre-Op Orders:

Please submit pre-op orders minimum of 7-10 days prior to non-emergent surgeries/procedures and at least 3 weeks prior if needing Medical Clearance

<input type="checkbox"/> CBC	<input type="checkbox"/> BMP	<input type="checkbox"/> CMP	<input type="checkbox"/> HEPATIC FUNCTION PANEL	
<input type="checkbox"/> UA	<input type="checkbox"/> UA w/C&S	<input type="checkbox"/> PT	<input type="checkbox"/> PTT	<input type="checkbox"/> SERUM HCG
<input type="checkbox"/> CHEST X-RAY		<input type="checkbox"/> EKG		
<input type="checkbox"/> OTHER:				

Pre-Op History and Physicals are performed by the surgeon's office.

Check here if patient needs Medical Clearance from Bristol Park. If patient doesn't meet Medical Clearance criteria (see below) please list the indication for Medical Clearance here: _____

Medical Clearance Criteria:

- Age 50 years or older (inpatient surgeries only)
- History of Ischemic Heart Disease
- History of Cerebrovascular Disease
- Pre-Operative Creatinine Greater than 2.0
- High Risk Surgery
- History of Congestive Heart Failure
- Diabetes Mellitus
- On Coumadin Therapy

Ordering Physician Signature: _____ **Date:** _____

 (Bristol Park Use Only) **Patient Notified By:** _____ **Date:** _____