

# Pre-admission Orders for Out Patient Surgery

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Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

Insurance \_\_\_\_\_

Date of Surgery \_\_\_\_\_ Allergies \_\_\_\_\_

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## LABS

Comprehensive Metabolic Panel

CBC

PT/PTT (If the patient is on anti-coagulants)

Serum HCG (females 12 to 55 if indicated.)

Hepatic Panel

CHEST X-RAY (Patients over 60 or patients over 40 with positive history of lung or heart disease and smokers)

Cervical Spine X-RAY (If history of Rheumatoid arthritis)

EKG (All patients)

**\*\*\*\*\*Medical Clearance required with physical examination and complete review of systems.**

**Please fax all results and reports with medical clearance to Dr. Moy at (949) 716-2725 and Foothill Surgical Institute at (949) 716-2892**