CRH

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## **FAX COVER SHEET**

To: ormc

From: Brundage, Donna

Company:

To Fax Number: 3331041

Fax Reference ID: DBR5E44252ECBE3

Date: 2/12/2020 4:17:44 PM

# of pages [incl. cover]: 3

Notes/Comments:

From Fax Number:

Sender Mailing Address: 155 Crystal Run Road

Middletown, NY 10941

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PATIENT NAME  WILLIAM  PONESON  DOB: SEX:  OSING SEX:  DISTRIBUTION  ADDRESS:  92 COTYTE STATE 2  SANDER MALKOTRA  SANDER MALKOTRA  SANDER MALKOTRA  MIDDITIONAL MY 10940  Y 1700 Y 4970  INDIM NUMBER  BY 1700 Y 4970  INDIM NUMBER  CELL NUMBER  SYSTEM STATE STATE STATE STATE STATE  BROCCHURE DATE STATE STATE  BROCCHURE DATE STATE  BROCCHURE DATE STATE  BROCCHURE ORDER FIRE CONTINE LEMTH  BROCCHURE DATE STATE  BROCCHURE ORDER FIRE CONTINE LEMTH  BROCCHURE ORDER FIRE CONTINE LEMTH  BROCCHURE DATE STATE  BROCCHURE DATE STATE  BROCCHURE ORDER FIRE CONTINE LEMTH  BROCCHURE DATE STATE	ORANGE REGIONAL MEDICAL CENTER SURGICAL BOOKING AND PERIOPERATIVE ORDERS SHEET	Completed form must be faxed to the ORMC Scheduling Office Inbound 845-333-1041	Patient Label	
ADDRESS  Q2 COTYTE STAY 2  SANDEEP MALHOTRA  CFT CODE  MIDDIGRAM, MY 10940  HOME NUMBER  CELL NUMBER  SH5-643-7939  SH5-649-431  MINITED  BILATERAL  DIRIAL PRODUCT  FROCEDIBLE ORDER FOR CONSENT 12080TH2  BISPATIENT BEING SCHEDULED FOR BLOODLESS SURGERY DYES OND  TYPE OF ADMISSION A ORMO DOB DOS STOS DEST. DINOTENT DELANGUAGE LINE DEPOLATION DEPOLATION OF PATIENT IS ERAS DIVES DINO  TYPE OF ADMISSION A ORMO DOB DOS STOS DEST. DINOTENT DELANGUAGE LINE DEPOLATION DEPOLATION OF PATIENT IS ERAS DIVES DINO  TYPE OF ADMISSION A ORMO DOB DOS STOS DEST. DINOTENT DELANGUAGE LINE DEPOLATION OF PATIENT IS ERAS DIVES DINO  TYPE OF ADMISSION A ORMO DOB DOS STOS DEST. DINOTENT DELANGUAGE LINE DEPOLATION OF PATIENT SERAS DIVES DINO  TYPE OF ADMISSION A ORMO DOB DOS STOS DEST. DINOTENT DELANGUAGE LINE DEPOLATION OF PATIENT SERAS DIVES DINO  PATIENT SPECIFIC NEEDS: DEFOLULT INTUBATION DIVES DINO  PATIENT SPECIFIC NEEDS: DEFOLULT INTUBATION DIVES DINO  PACEMAKER DIADO VENDOR  DIVES DINOTENT DEPOLATION OF PROPERTIES DEPOLATED DIVES DINO  PATIENT SPECIFIC NEEDS: DEPOLATION OF PROPERTIES DINOTENT DIVES DINO  PATIENT SPECIFIC NEEDS: DEPOLATION OF PROPERTIES DINOTENT DIVES DINO  PATIENT SPECIFIC NEEDS: DEFOLATION OF PROPERTIES DINOTENT DIVES DINO  PATIENT SPECIFIC NEEDS: DEPOLATION OF PROPERTIES DINOTENT DIVES DINO  PATIENT SPECIFIC NEEDS: DEPOLATION OF PROPERTIES DINOTENT DIVES DINOTENT DIVISORIES DINOTENT DIVES DINOTENT DIVISORIES DINOTENT DIVISORIES DINOTENT DIVISORIES DINOTENT DIVISORIES DIVISORIES DINOTENT DIVISORIES DINOTENT DIVISORIES DINOTENT DIVISORIES DINOTENT DIVISORI	PATIENT NAME:	DOB: SEX:	Diagnosis:	
CELL NUMBER   CELL NUMBER   INSURANCE CO.   INSURANCE ID NUMBER   CELL NUMBER   CELL NUMBER   INSURANCE CO.   INSURANCE ID NUMBER   CELL NUMBER   CELL NUMBER   INSURANCE CO.   INSURANCE ID NUMBER   CELL NUMBER	ADDRESS:			
BICATERAL   DTRIAL PRODUCT   PROCEDURE DATE   PROCEDURE ORDER FOR CONSENT   PROCEDURE ORDER FOR CONSENT   PROCEDURE OF SECTION   PROCEDURE ORDER FOR CONSENT   PROCEDURE ORDER FOR CONSE	012 COTTIBLE ST 7171 2		IÇD 10 CODE PRE-CERT #:	
BICATERAL   DTRIAL PRODUCT   PROCEDURE DATE   PROCEDURE ORDER FOR CONSENT   PROCEDURE ORDER FOR CONSENT   PROCEDURE OF SECTION   PROCEDURE ORDER FOR CONSENT   PROCEDURE ORDER FOR CONSE	MIDDITIONN, MY 10940	47562 44970	K10.11	
BICATERAL   DTRIAL PRODUCT   PROCEDURE DATE   PROCEDURE ORDER FOR CONSENT   PROCEDURE ORDER FOR CONSENT   PROCEDURE OF SECTION   PROCEDURE ORDER FOR CONSENT   PROCEDURE ORDER FOR CONSE	HOME NUMBER CELL NUMBER	INSURANCE CO.	INSURANCE ID NUMBER	
IS PATIENT SEING SCHEDULED FOR BLODDLESS SURGERY   YES				
IS PATIENT BEING SCHEDULED FOR BLOODLESS SURGERY   YES O'NO   PATIENT IS ERAS O'YES ONO   TYPE OF ADMISSION, A'ORMO   POB   DOBS   SOS   23hr.   INPATIENT   ENDO   PATIENT SPECIFIC NEEDS:   FACILITY/GROUP HOME   FORENSIC PATIENT   LANGUAGE LINE   SPECIAL NEEDS / should not be first case   PATIENT OR FAMILY MEMBER HAS HISTORY OF MALIGNANT HYPERTHERMIA   DYES   NO   ANESTHESIA COMPLICATIONS / DIFFICULT INTUBATION   YES   NO     PACEMAKER   AICO VENDOR   SPECIAL EQUIPMENT   SPECIAL EQUIPMENT     Cell Saver   C-Arm   Oxygen   IMPLANT/EQUIPMENT FORM   IMPLANT RECALL (Specify)     PRE-SURGICAL TESTING APPOINTMENT   May we leave a message?   Yes   No PRIMARY DOCTOR     PST Note only - patient NOT on insulin or anticoagulant     PST Note only - patient NOT on insulin or anticoagulant     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin or anticoagulant)     PST Price Assessment only - (does not strifty - NOT on insulin				
TYPE OF ADMISSION & ORMC	PROCEDURE ORDER FOR CONSENT; KOBOTIC POSSIBLE OF ON CATURETY STEATOMY AND MYDIDERTOMY			
TYPE OF ADMISSION & ORMC				
PRE-SURGICAL TESTING APPOINTMENT May we leave a message?   Yes   No PRIMARY DOCTOR	TYPE OF ADMISSION: A ORMC			
□ PST MEPS being done at □ ORMC □ CRHC □ MEPS Consultation by Dr. Diagnosis □ PST Nurse only - patient NOT on insulin or anticoagulant    A PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)  DIABETIC □ Yes R No ON INSULIN □ Yes XD NO ON ANTICOAGULANT RIYES □ No Type VINTERD ■ HISTORY SLEEP APNEA □ Yes XD NO PRE-SURGICAL MEDICAL EVALUATION	□ Cell Saver □ C-Arm □ Oxygen □ IMPLANT / EQUIPMENT FORM □ IMPLANT RECALL (Specify)			
□ PST Nurse only - patient NOT on insulin or anticoagulant    PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)   PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)   PANY   PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)   PANY   PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)   PANY   PST	PRE-SURGICAL TESTING APPOINTMENT May we leave a message?   Yes No PRIMARY DOCTOR			
PST Phone Assessment only - (does not stratify - NOT on insulin or anticoagulant)   DIABETIC   Yes				
DIABETIC   Yes & No ON INSULIN   Yes & NO ON ANTICOAGULANT SOYES   No Type \( \frac{\text{Virity Type}_{\text{A}} \) HISTORY SLEEP APNEA   Yes \( \frac{\text{PNo}}{\text{PRE-SURGICAL MEDICAL EVALUATION} \)  Surgical Risk.   Minimal \( \text{Low} \)   determediate or High   Health Risk:   A \( \text{M} \)   B   C   D      Medical /Cardiac Consultation by Or.   And   Top.   3   2   2   2   4   Ancesthesia Consultation Requested   Yes \( \text{M} \) No   HEALT TODAY   And   And				
STOP 5d before Sorgery  Surgical Risk.   Minimal   Low   Intermediate or High   Health Risk:   A   M   B   C   D      Dimedical /Cardiac Consultation by Or.   An 2   Tol.   3   2   2   3   4   4   1   5   4   5     PRE-SURGICAL TESTING ORDERS   OTHER     T & S # OF UNITS   XCBC   XBMP/CMP   PT INR   PTT   MSSAMRSA screen culture   U/A   XEKG   CXRAY   C-SPINE     KNEE X-RAY (circle one) LEFT RIGHT   HIP X-RAY (circle one)   LEFT RIGHT   FOR ERAS Patients   follow ERAS protocol & Prehab as Indicated     PERI-OPERATIVE ORDERS FOR ERAS PATIENTS   follow ERAS protocol FOR PATIENTS WITH DIABETES   follow Perioperative Insulin Protocol OrderSet     Blood Glucose Monitoring Test Upon Arrival to Pre-Op   Urine Pregnancy Test Upon Arrival to Pre-Op age 12-55 unless H/O TAH or BTL     ER at 100ml/hr   NS at 100ml/hr   LR at KVO   Other IV fluid   Saline lock with NS flush     KUB X-Ray upon arrival to Pre-Op   Intraop Venodyne   Intraop Foley   Additional Orders     ALLERGIES   None Known   LATEX   METAL   OTHER     ALLERGIC REACTION   METAL   OTHER     MEDICATIONS PREOPERATIVELY   FOR ERAS Patients   Ifoliow ERAS medication order protocol     MEDICATIONS PREOPERATIVELY   FOR ERAS Patients   Ifoliow ERAS medication order protocol     Vancomycin   mg IV   Gentamicin   mg IV   Metronidazole   mg IV or PO (CIRCLE ONE)				
Surgical Risk.   Minimal   Low   Intermediate of High   Health Risk.   A   B   C   D	DDE SUDCICAL MEDICAL EVALUATION THE SUN ON ANTICOAGULANT SOTES LINE TYPE VILLATION STOP 5d before Summers			
Medical /Cardiac Consultation by Or.   A-7   A	Surgical Risk			
□ T & S # OF UNITS	Di Medical /Cardiac Consultation by Or. I And I Au. Stella OSTA Anesthesia Consultation Requested Di Yes A No			
□ KNEE X-RAY (circle one) LEFT RIGHT       □ HIP X-RAY (circle one)       LEFT RIGHT       FOR ERAS Patients       ☑ follow ERAS protocol & Prehab as Indicated PREI-OPERATIVE ORDERS FOR ERAS PATIENTS       ☑ follow ERAS protocol & Prehab as Indicated Pre-OP PREI-OPERATIVE ORDERS FOR ERAS PATIENTS       ☑ follow Perioperative Insulin Protocol OrderSet         □ Blood Giucose Monitoring Test Upon Arrival to Pre-Op       ☑ Urine Pregnancy Test Upon Arrival to Pre-Op age 12-55 unless H/O TAH or BTL         □ LR at 100ml/hr       □ N at 100ml/hr       □ LR at KVO       □ Other IV fluid       □ Satine lock with NS flush         □ KUB X-Ray upon arrival to Pre-Op       ☑ Intraop Venodyne       □ Intraop Foley       □ Additional Orders         ALLERGIES       ☑ None Known       □ LATEX       □ METAL       □ OTHER         ALLERGIC REACTION       ■ METAL       □ OTHER         ALLERGIC REACTION       ■ FOR ERAS Patients       ☑ follow ERAS medication order protocol         ☑ FOR TOTAL JOINT Patients follow Total Joint Protocol       ☑ Cefazolin (Ancef)       ② gm IV       □ Surgeon reviewed PCN allergy-benefit outweighs risk         □ Vancomycin				
PERI-OPERATIVE ORDERS FOR ERAS PATIENTS of follow ERAS protocol FOR PATIENTS WITH DIABETES of follow Perioperative Insulin Protocol OrderSet				
□ Blood Glucose Monitoring Test Upon Arrival to Pre-Op ☑ Urine Pregnancy Test Upon Arrival to Pre-Op age 12-55 unless H/O TAH or BTL  □ LR at 100ml/hr □ NS at 100ml/hr □ LR at KVO □ Other IV fluid □□ Saline lock with NS flush  □ KUB X-Ray upon arrival to Pre-Op ☑ Intraop Venodyne □ Intraop Foley □ Additional Orders □□ ALLERGIES ☑ None Known □ LATEX □ MÉTAL □ OTHER  ALLERGIC REACTION □ FOR ERAS Patients ☑ follow ERAS medication order protocol  ☑ FOR TOTAL JOINT Patients follow Total Joint Protocol ☑ Cefazolin (Ancef) □ gm iV □ Surgeon reviewed PCN allergy-benefit outweighs risk  □ Vancomycin □ mg iV □ Gentamicin mg iV □ Clindamycin □ mg iV □ Metronidazole mg iV or PO (CIRCLE ONE)				
□ ER at 100ml/hr □ NS at 100ml/hr □ ER at KVO □ Other IV fluid □ Saline lock with NS flush □ KUB X-Ray upon arrival to Pre-Op ☑ Intraop Venodyne □ Intraop Foley □ Additional Orders  ALLERGIES ☑ None Known □ LATEX □ METAL □ OTHER  ALLERGIC REACTION  MEDICATIONS PREOPERATIVELY  FOR ERAS Patients ☑ follow ERAS medication order protocol ☑ FOR TOTAL JOINT Patients follow Total Joint Protocol ☑ Cefazolin (Ancef) 2—gm IV □ Surgeon reviewed PCN allergy-benefit outweighs risk □ Vancomycinmg IV □ Gentamicinmg IV □ Clindamycinmg IV □ Metronidazolemg IV or PO (CIRCLE ONE)				
KUB X-Ray upon arrival to Pre-Op				
ALLERGIES None Known   LATEX   METAL   OTHER    ALLERGIC REACTION    MEDICATIONS PREOPERATIVELY FOR ERAS Patients   Ifollow ERAS medication order protocol  FOR TOTAL JOINT Patients follow Total Joint Protocol   Cefazolin (Ancef)   2 gm   V   Surgeon reviewed PCN allergy-benefit outweighs risk  Vancomycinmg   V   Gentamicinmg   V   Clindamycinmg   V   Metronidazolemg   V   Or PO (CIRCLE ONE)				
ALLERGIC REACTION  MEDICATIONS PREOPERATIVELY  FOR ERAS Patients ☑ follow ERAS medication order protocol  ☑ FOR TOTAL JOINT Patients follow Total Joint Protocol				
☐ FOR TOTAL JOINT Patients follow Total Joint Protocol ☐ Cefazolin (Ancel) ☐ gm iV ☐ Surgeon reviewed PCN allergy-benefit outweighs risk ☐ Vancomycinmg iV ☐ Gentamicinmg iV ☐ Clindamycinmg iV ☐ Metronidazolemg iV or PO (CIRCLE ONE)	ALLERGIC REACTION			
□ Vancomycinmg IV □ Gentamicinmg IV □ Clindamycinmg IV □ Metronidazolemg IV <u>or PO (CIRCLE ONE)</u>	MEDICATIONS PREOPERATIVELY FOR ERAS Patient	ts ⊠follow ERAS medication ord	er protocol	
	FOR TOTAL JOINT Patients follow Total Joint Protocol 🔀 Cefazolin (Ancef)gm IV 🗆 Surgeon reviewed PCN allergy-benefit outweighs risk			
□ Levelloxacinmg IV or PO (CIRCLE ONE) PEDIATRIC DOSING ONLYmg/kg IV	□ Vancomycinmg IV □ Gentamicinmg IV □ Clindamycinmg IV □ Metronidazolemg IV <u>or PO <i>(CIRCLE ONE)</i></u>			
	□ Levelloxacinmg IV or PO (CIRCLE ONE) PEDIATRIC DOSING ONLYms/ko IV			
Additional Pre-operative orders				
PHYSICIAN SIGNATURE /PRINTED NAME:     Malliotro   SANDEEP MALHOTRA TIME: 3 10   DATE: 2/12/20     STAFF SIGNATURE/PRINTED NAME:				
STAFF SIGNATURE/PRINTED NAME: Salar TIME: 4:12 P DATE: 2/12/20				