•		\cap	
P1 - 1-11:3TAO 75:5	— i∃MiT	Megaan Che	(:BMAN GETNIR9\PRUTANDIS: FFATS
<u> </u>	efan G. Chevaller, D.O. TIME:	SE SME: X	и азгияя, зяртаные идокунч
			stebio sytrago-919 Isnolilibb/
Д Бу/вш	DOZING ONLY	CIRCLE ONE) PEDIATRIC	Oq <u>no</u> VI gmniosxofloveJ [
letronidazole mg IV or PO (CIRCLE ONE)	Clindamycin mg IV 🗆 M	☐ VI gmnicimstne⊖ [☐ VI gm nioymoonsV ☐
nor reviewed PCN altergy – benefit outweighs rist	agriu& □ VI mg(feonA)	Total Joint Protocol 🔲 Cetazolin	wollof stnetts9 TNIOL JATOT ЯОЭ№
	o notissibem &AЯ∃ wollot™ atr	FOR ERAS Patie	NEDICATIONS PREOPERATIVELY
		** <u> </u>	ALLERGIC REACTION
di attibutatione di secondo di se		ABHTO 🗆 JATBM 🗀 Xa	ALLERGIES & Mone Known D LATE
1.10.003.4.00077	enebnO lanoiilibbA 🗆 ye	loraop Venodyne - 디 Intraop Fol	KUB X-Ray upon arrival to Pre-Op
dauft SN diw x	ool enils2 🗆	☐ LR at KVØ ☐ Other IV fluid	ndVm001 jg SV □ ndVm001 js 유니 □
JT8 to HAT OVH szelnu 38-51	ncy Test Upon Arrival to Pre-Op ag	sngen9 earl 🔼 🔻 qO-en9 of lavimA	noqU tasT grinoffroM accoude boots C
s 전iollow Perioperative Insulin Protocol Order Set	ETERAIO HTIW STUEITAY ROPIC	Ootong &AH3 wollot 🔽 STN3ITA9 &	ARE NOT <u>ERECATIVE</u> OR <u>DERS</u> FOR ERR
offollow EAAS protocol & Prehab as indicated	stneber 2ARE ROT THOIR T	H⊒ <u>(eno elonio)</u> YAR-X 역(H□ TH	☐ KNEE X-BYA (chole one) LEFT RIG
U/A [EKG []CXRAY [C-SPINE			
			RE-SURGICAL TESTING ORDERS
oN_⊿ se, ☐ pe)sent	Anesthésia Consultation Rec	~~~	D Medical (Cardiac Consultation by Dr
<u></u>		intermediate or High Health Risk:	urgical Risk: □ Minimal Tectow □
	·	, NO	PRE-SURGICAL MEDICAL EVALUATIO
HISTORY SLEEP APINEA TYSS PING	adyT oN ⊠ seY □ TN/	LIVes © NO ON ANTICOAGUL	MARETIC IN Yes IN ON INSULIN
	(jnáluga		- PST Phone Assessment only − (does
a nou Brus	: ICT 60 4		OMSO D testion done st. Deline done of Delinese only TST in on insu
sleongeic			RE-SURGICAL TESTING APPOINTME
		MACH TUBMIGIUOB \ TUAJIGMI: []	Cell Saver □ C-Am □ Oxygen
ANIMO N	EQUIPMENT		PACEMAKER AICD VENDOR
	O AES O NO		NESTHESIA COMPLICATÍONS ≀I
		TOTSIH SAH SIBAMIM YIMAR	
3 SPECIAL MEEDS / should not be first case			
	ÖdN∃ □ TN∃ITA¶NI □		TOPE OF A DMISSION □ CORMO BOY
ON □ S∃Y □ SARB \$ITN∃ITAS	Y DYES YOU	ALED FOR BLOODLESS SURGER	COUTS SINISC TROUTAG SI
	· · · · · · · · · · · · · · · · · · ·		
\$2,350 \$2,350		APA .	
			PROCEDURE DATE OA/08/20 PROCEI
TAREAL CIRIAL PRODUCT		34.9	02/80/10
insurance in number Cosmetic	rasurance co. Cosmetic	8 4 2-346-5779 Cect nowber	HOME NUMBER
A\M Cosmetic A\A	~		
ICD 10 CODE LEE-CERT #:	agos ras	0660	Warwick, NY 1
,	Suefan G. Chevalier, D.O.		урриеза: 8 Рагкwау
Cosmetic Assistant:	. 1		
Diagnosis:	3 69/90/01 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	uə.	PATTENT NAME: Flood, Kai
	1901-222-298	PERATIVE ORDERS SHEET	ZŅĶĢĪÇVT BOOKING VND BEKIOI
Patient Label	faxed to the OEMC Scheduling Office Inbound	OKYNCE WG KEGIONAL	
to do it constants	Completed form must be	OKANGE ORANGE	

