

201 PRE-OPERATIVE ADMISSION ORDERS - BREAST REDUCTION
Dr. Luis Cuadros 505-243-7670

Pt name: _____ DOB: _____

CSN: _____

Date: _____

Date of Admission: _____

Dx: Breast Hypertrophy

Consent:

1. Bilateral Breast Reduction

2. Other: _____

Diet: NPO

Activities: Ad Lib

In Pre-op Holding Area:

Kefzol 1gm IV

Sequential TEDS

Baer Hugger

other orders: