

202 PRE-OPERATIVE ORDERS - ADULT OR ADOLESCENT AMBULATORY OUTPATIENT
Dr. Luis Cuadros 505-243-7670

Pt name: _____ DOB: _____

CSN: _____

Date: _____

CONSENT FOR: _____

ORDERS:

1. Stryker eye bed
2. Baer Hugger
3. Sequential TEDS
4. Start IV on Right Hand
5. Kefzol 1gm IV

NOTE TO RN AND ANESTHESIA:

*** DO NOT ORDER ANY LABS OR TESTS WITHOUT
NOTIFYING DR. CUADROS' FIRST ***

Other orders: