

402 POST-OP ORDERS AND INSTRUCTIONS - AMBULATORY DAY SURGERY PEDIATRICS  
Dr. Luis Cuadros 505.243.7670

Pt name: \_\_\_\_\_ DOB: \_\_\_\_\_

CSN: \_\_\_\_\_

Date: \_\_\_\_\_

Status: Ambulatory Outpatient - to be discharged on day of surgery

WOUND CARE:

DIET:

SHOWER AND BATHE:

RX given:

RTO:

PICK UP: