

**SANTA BARBARA SURGERY CENTER  
ADMISSION ORDERS  
FAX: 866-297-5257**

PLEASE PRINT LEGIBLY

PATIENT NAME \_\_\_\_\_ ADMISSION DATE: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

ADMITTING MD: \_\_\_\_\_

HISTORY & PHYSICAL DICTATED DATE: \_\_\_\_\_ H & P TO BE COMPLETED BY DR: \_\_\_\_\_

**RADIOLOGY STUDIES**

- Preoperative Chest X-ray ordered  
Where: \_\_\_\_\_  
 No Chest Xray waived  
 Other

**CARDIOPULMONARY STUDIES**

- Preoperative EKG ordered  No EKG needed  
Where: \_\_\_\_\_  
 No ECG: ECG will be forwarded  
 Other: Echo, Cardiology Consult, Angiogram

**LABORATORY STUDIES:**

- Hb/Hct  CBC/UA  PT/PTT  Renal panel  No lab work needed Where: \_\_\_\_\_

**POSITION:**

- Supine  Prone  Lateral  Lithotomy

**ANESTHESIA REQUESTS:**

- General  MAC  Local  Regional  Moderate Sedation

**SPECIAL EQUIPMENT NEEDED:**

\_\_\_\_\_  
\_\_\_\_\_

**ORDERS AND TREATMENTS:**

Consent to read: \_\_\_\_\_

**ANTIBIOTICS TO BE GIVEN PREOPERATIVELY. VERIFY THAT PATIENT IS NOT ALLERGIC BEFORE ADMINISTRATION OF ANTIBIOTIC:**

- Ancef 1 gm IVP (<= 75 kg)  Vanco 500 mg IV SLOW  Levaquin 500 mg PO  Gent 80 mg IV  
 Ancef 2 gm IVP (> 75 kg)  Vanco 1 GM IV SLOW  Bactrim DS 1 TAB PO  Cipro 500 mg TAB PO  
 Ancef 2 gm IVP  Cipro 1000 mg TAB PO

PATIENT IS ALLERGIC TO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ MD TIME: \_\_\_\_\_ DATE: \_\_\_\_\_

