

# OUT PATIENT PHYSICIAN ORDERS AND DOCUMENTATION



ORDERS PROVIDERS

DATE:	TIME:
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CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

ALLERGIES:	MEDICATIONS:
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PAST SIGNIFICANT MEDICAL HISTORY:

PHYSICAL EXAM	HEAD AND NECK:
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PHYSICAL EXAM	
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PHYSICAL EXAM	CHEST:
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PHYSICAL EXAM	
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PHYSICAL EXAM	CARDIOVASCULAR:
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PHYSICAL EXAM	
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PHYSICAL EXAM	ABDOMEN:
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PHYSICAL EXAM	
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PHYSICAL EXAM	GENITO-URINARY:
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PHYSICAL EXAM	
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PHYSICAL EXAM	EXTREMITIES:
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PHYSICAL EXAM	
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PHYSICAL EXAM	
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<b>ADMITTING / PRE-PROCEDURE DIAGNOSIS:</b>	PHYSICIAN SIGNATURE:
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PROCEDURAL/OPERATIVE PERMIT FOR:

LAB WORK TO BE DONE:

OTHER ORDERS:

<b>POST PROCEDURE NOTE</b>	PHYSICIAN SIGNATURE:
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1. DATE:	2. TIME:
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3. POST-PROCEDURE DIAGNOSIS:

4. PROCEDURE:

5. FINDINGS:  Same as Post-Procedure Dx.

Other: \_\_\_\_\_

*(Please describe)*

6. SURGEON/PROCEDURALIST:

7. ASSISTANT SURGEON/PROCEDURALIST:  NONE

8. ESTIMATED BLOOD LOSS: \_\_\_\_\_ ml  NONE

9. SPECIMEN:

10. OPTIONAL COMMENTS:

POST PROCEDURE INSTRUCTIONS & ORDERS:

PATIENT IDENTIFICATION	PHYSICIAN SIGNATURE:
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