

**ALLERGIC:**  NO  YES

DATE MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
	<input type="checkbox"/> Foley Catheter to drainage			<b>Dispense to OR Field:</b>	
	<input type="checkbox"/> Upper Body Bair Hugger			<input type="checkbox"/> bupivacaine 0.5% plain ___mL for local anesthesia	
	<input type="checkbox"/> Lower Body Bair Hugger			<input type="checkbox"/> lidocaine 1% plain ___mL for local anesthesia	
	<input type="checkbox"/> Knee High Compression Stockings			<input type="checkbox"/> lidocaine 0.5% with epinephrine 1:200,000 ___mL for local anesthesia	
	<input type="checkbox"/> Compression Foot Pumps			<input type="checkbox"/> mepivacaine 1% ___mL	
	<input type="checkbox"/> All Specimens to Pathology per HH procedure			<input type="checkbox"/> bupivacaine 0.5% with epinephrine 1:200,000 ___mL for local anesthesia	
	<input type="checkbox"/> Specimen in Formalin to Pathology			<input type="checkbox"/> Floseal® 5mL to OR field for hemostasis	
	<input type="checkbox"/> Specimen, fresh to Pathology for frozen section			<input type="checkbox"/> Indigo Carmine 5mL IV	
	<input type="checkbox"/> Specimen for Microbiology			<input type="checkbox"/> Premarin® Vaginal Cream ___oz. to vagina	
	<input type="checkbox"/> Specimen to Blood Bank for Type and Screen			<input type="checkbox"/> Vasopressin 10 units in ___mL of NaCL for local vasoconstriction	
	<input type="checkbox"/> Specimen to Blood Bank for Type and Cross			<input type="checkbox"/> Oxytocin ___ units	
	<input type="checkbox"/> Specimen to Cytology			<input type="checkbox"/> Methergine® 0.2mg/1mL	
				<input type="checkbox"/> Cytotec® ___ mcg per rectum	
				<input type="checkbox"/> Monsels Paste 8 mL to cervix	
				<input type="checkbox"/> Lugol's Solution 15 mL to cervix	

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