TMH
TOWNSEN MEMORIAL
HOSPITAL • EMERGENCY ROOM • SURGERY CENTERS • IMAGING

SURGERY SCHEDULING/PHYSICIAN ORDER FORM

☐ TOWNSEN MEMORIAL HOSPITAL – HUMBLE Office: 281-369-9001 Return via fax: 866-499-1008
☐ TOWNSEN MEMORIAL SURGERY CENTER – SPRING Office: 346-386-6700 Return via fax: 346-386-6701
☐ TOWNSEN MEMORIAL SURGERY CENTER – KINGWOOD Office: 713-243-3548 Return via fax: 866-539-8631
☐ TOWNSEN MEMORIAL SURGERY CENTER - MED CENTER Office: 346-200-9400 Return via fax: 346-200-9499
☐ TOWNSEN MEMORIAL SURGERY CENTER - KATY Office: 346-636-7500 Return via fax: 346-636-7501

Surgeon: ____ **Asst Surgeon:** ______________________________________

Surgery Date/Time: _____________________ **Duration of Procedure:** _____________________

Type of Service (Mark one): ☐ **INPATIENT** (HOSPITAL ONLY, estimated length of stay _____) ☐ **OUTPATIENT**

Patient Name: ____ **DOB:** _____________ **Contact Phone #'s:** ______________

Pre-op Diagnosis: ____ **ICD:** __________________

Procedure/Consent: ____

____ **CPT Code(s):** ______________________________________

Cell Saver (Mark one): ☐ YES ☐ NO **Neuromonitoring** (Mark one): ☐ YES ☐ NO

C-Arm Required (Mark one): ☐ YES ☐ NO **C-Arm Size** (Mark one): ☐ LARGE ☐ SMALL

Special Equipment/Implants: ____ **Rep:** ____________________

Operative Position: ☐ PRONE ☐ SUPINE ☐ BEAN BAG ☐ LATERAL DECUBITUS

Operative Table: ☐ JACKSON ☐ WILSON FRAME ☐ REGULAR ☐ BEACH CHAIR ☐ MAYFIELD

Inpatient Physical Therapy required? ☐ YES ☐ NO

Type of Anesthesia	☐ General ☐ MAC ☐ Local ☐ TIVA ☐ Other:
Nerve Block	☐ YES ☐ NO Type:
Diet	☐ NPO after Midnight ☐ Other:
Labs	☐ CBC ☐ CMP ☐ BMP ☐ PT/INR ☐ PTT ☐ U/A
	☐ LIPID PANEL ☐ HbA1C ☐ 1 Stat ABG
	☐ Type & Cross _______ Units PRBC
	☐ Other:
Diagnostics	☐ EKG ☐ CXR
Circulation Devices	☐ Ted hose ☐ SCD's
DME Needed	☐ YES ☐ NO | Provided by: ☐ Surgeon ☐ Hospital
	Equipment Needed:
Surgeon Clearance Requests	☐ Medical Clearance By patient's PCP ☐ Cardiology Clearance By patient's cardiologist ☐ Per Anesthesia Request
Allergies	| I.V.F.: ☐ LR @ 30mL/hr ☐ NS @ 30 mL/hr
Medications	☐ Levofloxacin (Levaquin) 500mg IVPB ☐ Levofloxacin (Levaquin) 750mg IVPB
	☐ Cefazolin (Ancef) 2G IVPB ☐ Cefazolin (Ancef) 1G IVPB
	☐ Clindamycin 600mg IVPB ☐ Other:
	☐ Other:

Physician Signature: ____ **Date:** __________ **Time:** __________

SURGERY SCHEDULING/PRE-OP PHYSICIAN
ORDERS FORM # TMH 262 Revised 1/2024

PLACE PATIENT LABEL HERE