Interventional Radiology - Pre-Procedure Note

Procedure: test

Attending: (none)
Fellow: (none)
Resident: (none)
NP: (none)

DATE: 14-Dec-06
09:31

Labs: DATE / @

Na Cl BUN
K CO2 Cr
WBC
Hct

PT: 9.7-12.9
INR: 
PTT: 26.37

Allergies:

Consent Obtained from: __Patient ___Emergency ___Other: ________________

Pre-procedure Evaluation: ASA Classification: ___

Conscious Sedation candidate: ____yes ____no ____ Airway ____ Heart ____ Lung

H + P ____ within 31 days ___ changes: ________________

Medical Hx, PE, and Plan: ________________________________

______________________________
Physician Signature

______________________________
Date / Time

*000000000000100*