



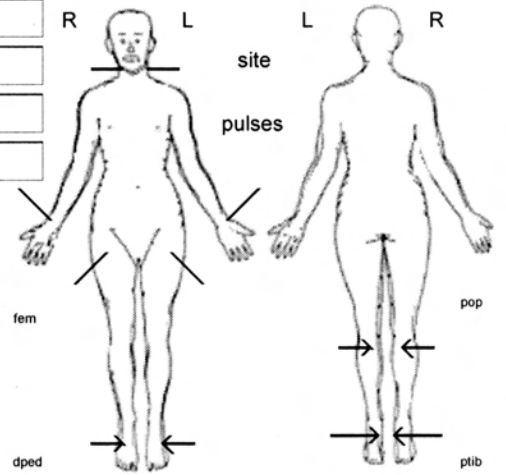
DATE | **Interventional Radiology - Pre-Procedure Note**

14-Dec-06
 09:31

Procedure: test

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

Labs: DATE / / @
 Na Cl BUN
 K CO2 Cr
 Hgb
 WBC Hct
 gluc
 plt ct



PT: [] INR: [] PTT: []
9.7-12.9 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: _____

TEST
MR#: 00000 000000100
DOB: 01/01/19 **AGE** +02 Years
DOE: 12/14/06

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Physician Signature | Date / Time