



Battle Creek



Affix Patient Label

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Brookside

Patient Name: _____ DOB: _____ Phone: _____

Allergies: _____ Insurance: _____

Diagnosis: _____ ICD-9: _____

Procedure: _____ CPT: _____

___ Admit to Inpatient

___ Outpatient with expected overnight stay (previously called short stay or observation)

___ Outpatient with expected discharge home from PACU

Surgery Date: _____ @ _____ ORC Date: _____ @ _____ Joint Book Given? Yes No

- History & Physical with: _____ Date: _____ @ _____ Location: _____
• MRI/CT Scan Visionaire / Conformis / Signature Date: _____ @ _____ Location: _____
• Medical Clearance with: _____ Date: _____ @ _____ Location: _____
• Cardiac Clearance with: _____ Date: _____ @ _____ Location: _____
Pacemaker: No Yes Anticoagulants: No Yes
• First Post Op appointment with: _____ Date: _____ @ _____ Location: _____

This section for provider and office use only

Pre-surgical Testing ordered by _____ on _____ Other: _____
PT/PTT/INR CBC BMP CMP UA with Cultures CXR EKG Total Joint Protocol Anesthesia Choice
Anesthesia Choice Local Local with IV Sedation MDA to give Local General
Antibiotics Ancef 1gm / 2gm Clindamycin 600mg Vancomycin 1gm Other: _____

Special Equipment needed in OR

Table with 3 columns: Stryker, S&N, Conformis, Biomet, Depuy, Synthes, Ortho Dev. and Sm Frag Synthes, Lg Frag Synthes, K-wires & Cutters, Cannulated Screws 4.0 / 6.5 / 7.0, Osteotomes - Depuy, Other, Other. Micro Saw, Mini C-arm, C-arm, ACL / BTB hamstring, Allograft, Toggle Lock, Operative note attached.

Physician Signature: _____ Date: _____ Time: _____

Bronson Orthopedic Specialists Surgical Orders