**Cape Breton District Health Authority**

**Operating Room Booking Form**

**CBRH [X]** **GBHF [ ]** **NSHF [ ]** **NWCF [ ]** **ICMH [ ]**

**Date Received in O.R. Bookings:** / /

| | | |
|---|---|---|
| **Name** (as appears on N.S. Health Card M☐ F☒)<br>(last) (first) (middle)<br>Sample, Patient Beta | **Date of Birth**<br>14/03/1982 | **Date of Surgery:**<br>2014/09/09 |
| **Address:** 123 Main St. Apt. 218<br>Dartmouth, NS B2B2B2 | **Home Phone:**<br>(902) 555-0248 work | **Alternate Phone:**<br>(902) 555-1729 cell |
| Date referral received by surgeon: 10 05 14<br>**(Required)** DD MM YY<br>Date first seen by surgeon for this Concern 29 07 14<br>**(Required)** DD MM YY<br>Date of decision for surgery 29 07 14<br>**(Required)** DD MM YY | **Health Card #** 0001000009<br>**Family Physician:** Dr. FAMILY PHYSICIAN<br>**Surgeon:** DR. ATTENDING PHYSICIAN<br>**Specialty:** GNSG<br>**Diagnosis:** Phasellus orci sem | |
| **Proposed Procedure:** Include laterality (side)<br>Feugiat in sagittis sed, blandit sit amet orci. Donec mollis lacinia lectus a venenatis. Etiam tortor est, porttitor nec quam ut, lacinia feugiat augue. Integer at pulvinar erat. | **Priority Level:**<br>**IIa (1 wk)** ☐<br>**IIb (2 wk)** ☐<br>**III (6 wks)** ☒<br>**IV (13 wks)** ☐<br>**V (26 wks)** ☐<br>**VI (52 wks)** ☐<br>**Recheck** ☐ **Date:** / / | |
| **Anaesthetic Type:** General☒ Local☐ A standby☐<br>**Cancer: Proven** ☐ **Suspected** ☐ **No** ☒<br>**Preoperative Diagnostic Testing:**<br>CBC☐ Glucose☒ Creatinine☒ Urea☐ Electrolytes☒<br>INR☐ PTT☐ Urinalysis☒ Preg Test☐ ECG☐ Chest<br>PA/Lat☐ Type and Screen☐ X-Match# units:<br>Frozen Section☐ Needle Localization☐ | **Special Intraoperative Equipment Required:**<br>Vivamus feugiat ac ipsum ac accumsan. Suspendisse porttitor varius pharetra. Praesent eget sapien id augue rutrum mattis sed eget lectus. Nulla lectus nulla, ultrices facilisis suscipit vitae, tempor ut elit. Donec ornare mi pellentesque, tincidunt nulla ac, lobortis tortor. Aenean purus nunc, ultrices non tellus vel, rutrum ultrices nisi. Curabitur mattis hendrerit urna, id dapibus nisi vehicula ac. | |
| **Registration Type:**<br>SDC (Day Surgery, not admitted) ☒<br>Same Day Admission ☐<br>Admit Day Prior to Surgery ☐<br>In Patient ☐ Unit/Room Number | **Pre-Admission Clinic** ☐ **Pre-Anaesthetic Consult** ☐<br>**Ortho Pre-hab Clinic** ☐<br>**Indicate Complicating Conditions:**<br>VRE ☐ MRSA ☐ Latex Allergy ☐<br>Sleep Apnea ☐<br>Insulin dependent diabetic ☒<br>Oral hypoglycemic ☐<br>Malignant Hypothermia ☐ Anticoagulant ☐ | |
| **C-Spine:** Flexion/Ext. Views ☐<br>Other:<br>**Hips:** A/P Pelvis with Spherical marker☐<br>Lowenstein Lateral ☐ Right ☐ Left Hip<br>**Knee:** AP/Lat Right With Spherical marker ☐<br>AP/Lat Left With Spherical marker ☐<br>AP Tibia with knee & ankle on same film<br>With Spherical marker ☐ | **Pt. Pre-Operative Preparation**<br>Clear Fluid Diet 24 hours Pre-Op ☒ NPO midnight prior to surgery ☐ Oral bowel prep:<br>Fleet enema morning of surgery ☐<br>Heparin 5000 units S/Q on call to O.R. ☐<br>IV-RL@125ml/hr ☐or:<br>TED stockings ☐ SCUD☐ KCL Bed ☐<br>Other: | |
| **Other:** | **Surgeon's Signature:** | |