MEMORIALCARE MEDICAL GROUP

PRE-OP CHECKLIST

South County Pre-Op Coordinator:
Rosa Sanchez, CMA: Phone # (714) 665-1721

North County Pre-Op Coordinator:
Leticia Dorado, MA: Phone # (714) 665-1764

Please Fax Pre-Op Checklists to Pre-Op Department at Fax #: (714) 665-4642

Patient Name:	Home Phone:
DOB:	Work Phone:

Surgeon:	Phone #:
Surgeon Fax # (if requesting copy of results):	Contact Person:

Description of Surgery:	Surgery Date:	*Circle one:* Inpatient Outpatient
	Surgery Time:	
Hospital/Facility:	ICD-9 Code(s):	
Hosp/Facility Phone #:	Hosp/Facility Fax #:	

Pre-Op Orders:

Please submit pre-op orders minimum of 7-10 days prior to non-emergent surgeries/procedures and at least 3 weeks prior if needing Medical Clearance

☐ CBC	☐ BMP	☐ CMP	☐ HEPATIC FUNCTION PANEL	
☐ UA	☐ UA w/C&S	☐ PT	☐ PTT	☐ SERUM HCG
☐ CHEST X-RAY		☐ EKG		
☐ OTHER:				

Pre-Op History and Physicals are performed by the surgeon's office.

☐ Check here if patient needs Medical Clearance from MemorialCare Medical Group. If patient doesn't meet Medical Clearance criteria (see below) please list the indication for Medical Clearance here:

_____

Medical Clearance Criteria:

- Age 50 years or older (inpatient surgeries only)
- History of Ischemic Heart Disease
- History of Cerebrovascular Disease
- Pre-Operative Creatinine Greater than 2.0
- High Risk Surgery
- History of Congestive Heart Failure
- Diabetes Mellitus
- On Coumadin Therapy

Ordering Physician Signature: _____ Date: _____

(MCMG Use Only) **Patient Notified By:_____ Date: _____**