

Northlake Surgical Center

Please Send or
Fax Order Form
Fax: 1-877-440-9661

PHYSICIAN ORDER FORM

DATE:

PATIENT	LAST NAME	FIRST NAME	FULL MIDDLE NAME	AGE	SEX	BIRTHDATE	TELEPHONE NUMBER
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ALLERGIES

CURRENT MEDICATIONS

PROPOSED SURGERY

DATE

ESTIMATED LENGTH OF STAY

PROPOSED DISCHARGE DISPOSITION: HOME OTHER

LAB ROUTINE

SPECIFY OTHER: ELECTROLYTES SMA 18

PREGNANCY TYPE AND RH

EKG

X-RAY: CHEST 1 VIEW PA LATERAL

OTHER:

OTHER ORDERS AND COMMENTS:

PHYSICIAN'S SIGNATURE