Crescent View Surgery Center

Physician Orders

Patient Name _____

DATE	TIME	ORDERS FOR MEDICINES AND TREATMENT
		Procedure:
		Admit to PACU
		VS per PACU until discharge
		IV _____at _____, Discontinue on discharge
		Advance to regular diet as tolerated
		Activity _____
		Pain Meds:
		Discharge to home when awake, comfortable and discharge criteria met
		Return to my office on _____
		May shower as of _____
		Give Instruction Sheet

Date _____ **Physician Signature** _____