

Retinal Ambulatory Surgery Center of New York, Inc.

d/b/a Eye Surgery Center

138-140 East 80th Street, New York, NY 10075

Phone (212)-772-6830 Fax (212)-772-6883

Admitting Note and Pre-Surgical Orders

Patient Name _____

Date of Surgery _____

D.O.B. _____

Surgeon: _____

Assistant: _____

Admitting Diagnosis: _____

Admitting Note: (Admitting note contains sufficient information that include patient age, sex, initial assessment reason for surgery or admission, any significant history or consultative findings, any special measures or precautions planned for the patient during care or treatment and the anticipated complications, if any)

Visual Acuity Right Eye _____ Left Eye _____
Tension Right Eye _____ Left Eye _____
Fields _____
Slit Lamp _____
Fundoscopy _____

Allergies: _____

Pre-Operative Orders:

Procedure: _____

Anesthesia: _____ MAC _____ Local

NPO on admission

Standard Dilation: _____ Right Eye _____ Left Eye

Other Orders: _____

Physician Signature

Physician Name (print)

Date

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