

**IF YOU RECEIVED THIS FAX IN ERROR,
PLEASE CALL 604-806-8886 IMMEDIATELY**



PRESCRIBER'S ORDERS

NO DRUG WILL BE DISPENSED OR ADMINISTERED
WITHOUT A COMPLETED
CAUTION SHEET
ALLERGY/INTOLERANCE STATUS FORM (PHC-PH047)

DATE
AND TIME

PRE-SURGICAL ORDERS

(Items with check boxes must be selected to be ordered)

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LABORATORY:

- CBCD (CBC, differential)
- PTT INR
- Type & Screen
- Glucose random Glucose fasting
- Na, K, Cl, CO₂ Creatinine Urea
- Cholesterol total LDL, HDL, Triglycerides
- A1C (HB A1C)

Other: _____

- Urinalysis Urine C&S

Other: _____

DIAGNOSTICS:

- ECG
- Chest X-ray
- Other X-Ray (specify) _____

Indications: _____

CONSULTS:

- Anesthesia Pain Management
- Physiotherapy Occupational Therapy

Other: _____

Printed Name

Signature

College ID

Contact Number

