



SURGICAL ASSOCIATES

— OF SOUTHERN TEXAS —

APPOINTMENT TYPE NEW PT FOLLOWUP POSTOP

PATIENT NAME: _____ APPOINTMENT DATE: _____

DATE OF BIRTH: _____ PATIENT PHONE: _____

PATIENT ADDRESS: _____

REFERRING PHYSICIAN: _____ WHO IS YOUR PCP? _____

ALLERGIES: _____ CURRENT MEDS: _____

VITALS: TEMP: _____ BP: _____ HR: _____ RR: _____ WEIGHT: _____ BMI: _____

NURSE COMMENTS: _____

PHYSICIAN COMMENTS: _____

() RISKS, BENEFITS AND ALTERNATIVES DISCUSSED AND PATIENT CHOOSES TO PROCEED

PROCEDURE: _____

DIAGNOSIS: _____ ANTIBIOTIC: _____

PREOP TESTS: _____

FACILITY: MH KATY METHODIST WEST KATY ASC

LABS: CBC BMP CMP AMYLASE/LIPASE PT/INR

PMP REVIEWED FOR PATIENT: ☐

CARDIAC CLEARANCE: _____

RADIOLOGY: _____

NEXT APPOINTMENT:

SURGERY

_____ DAYS _____ WEEKS _____ MONTHS

SOFT TISSUE EXCISION

LOCATION

SIZE

DEPTH:

SUPERFICIAL

SUBCUTANEOUS

SUBFASCIAL

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