

**Select Surgical Center  
At Kennedy**

**Order Sheet**

*Affix Patient Sticker Here*

**Pre-Op Orders**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Post-Op Orders**

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**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_

**Post-Op Note Note/Discharge Note**

Pre-Operative Diagnosis \_\_\_\_\_  
\_\_\_\_\_

Post-Operative Diagnosis \_\_\_\_\_  
\_\_\_\_\_

Procedure(s) Performed \_\_\_\_\_  
\_\_\_\_\_

Surgeon & Assistants \_\_\_\_\_

Findings \_\_\_\_\_  
\_\_\_\_\_

Estimated Blood Loss \_\_\_\_\_

Specimen(s) Removed \_\_\_\_\_

Patient Condition \_\_\_\_\_

Complications  yes  no

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_ **Time** \_\_\_\_\_