

EMU Surgical Center
Physician Orders

Allergies/Reactions: _____

Indicate Medication Dose, Route, Frequency, Infusion Orders & General Orders		Time
I. Pre-Op Orders		
<input type="checkbox"/> Neosynephrine	2.5%	Sponge with dilating drops
<input type="checkbox"/> Mydracyl	1.0 %	OS OD
<input type="checkbox"/> Ocufen	0.03%	
<input type="checkbox"/> Ocuflox	0.30%	
<input type="checkbox"/> Marcaine	0.75%	
<input type="checkbox"/> Cyclogel	1.0%	
Add'l Orders:		
Date	MD Signature	
Date	RN Signature	
II. Post-Op Orders		
Date	MD Signature	
Date	RN Signature	