

Patient Name: DOB:	Phone:	
Ordering Physician: Ph	nysician Contact:	
Patient Allergies:		N/A 🗆
ORDERING PHYSICIAN TO CHECK ALL APPLICAL	BLE BOXES - INCLUDING DISCHARG	GE ◊
TYPE OF EXAM UNDER ANESTHESIA: MRI CT LUN	MBAR PUNCTURE/ITC ☐ US ☐ NUC	MED
OTHER:		
REASON FOR ANESTHESIA:		
INSTRUCTIONS:		
Adults: NO FOOD or FLUIDS by mouth for 8 hours before the scheduled	d time of the procedure	
Children: (less than 12 years old) Clear liquids 2 hours or more before the procedure (this include Breast milk 4 hours before the procedure Non-human milk 6 hours before the procedure Formula 6 hours before the procedure Solid food 8 hours before the procedure Other: Oral medicines may be taken 1 to 2 hours before the procedure Alcohol should not be consumed for 24 hours before and after the you will be asked to change into a hospital gown when you arrive DO NOT BRING or WEAR JEWELRY or OTHER VALUABLES You will need to remove any metal you are wearing before the procedure will need to check into the Day Surgery desk 2 hours price nurse @ 907-212-6045 with any questions. TRANSPORTATION: Patient MUST have a ride home after the procedure - they will reforms REQUIRED: History & Physical (current within the last 30 days) MRI Safety Sheet (If attached — PLEASE COMPLETE!) Medication list (if not included in H&P)	e with 2 TBLS of water the procedure ive to the day surgery department procedure ior to their scheduled MRI – please call the depart	tment
DISCHARGE: (Please check BOTH boxes to initiate orders)	1	- 1
\square Follow Anesthesia Protocol for preparation and recovery	from procedure	
\square Please discharge patient when they meet ASU Stage II disc	scharge criteria & have post anesthesia si	gn out
Ordering Physician Signature:	Date:	
Anesthesia Sign Out:	Date: Time:	