TOSC

TORONTO OUTPATIENT
SURGERY CENTRE

Patient Information

Patient Name (Last, First): _____

Date of Birth: _____

Health Card: _____ **VC:** _____

Patient Phone Number: _____

PRE-OPERATIVE ORDERS

Procedure & Anaesthesia

Surgeon: _____ **Date of Surgery:** _____

Proposed Procedure: _____

Anaesthesia Type: ☐ General ☐ IV Sedation / MAC ☐ Regional ☐ Local

Anaesthesia Pre-Assessment Required: ☐ Yes ☐ No **Estimated Duration:** _____

Diet & Fasting (NPO)

☐ NPO after midnight

NPO after: _____ (time)

Clear fluids until: _____

☐ Diabetic / insulin protocol required

Allergies

☐ NKDA

_____

_____

Pre-Operative Medications & Instructions

Medications to take on the morning of surgery: _____

Medications to hold: _____

_____

Antibiotic Prophylaxis

☐ None indicated

Agent: _____

Dose / Route: _____

Timing: _____

VTE / DVT Prophylaxis

☐ None indicated

☐ Mechanical (TED / SCD)

Pharmacologic agent: _____

Dose: _____

Investigations Required

☐ CBC

☐ Electrolytes

☐ Creatinine / eGFR

☐ Coagulation / INR

☐ Glucose / HbA1c

☐ ECG

☐ Chest X-ray

☐ Pregnancy test (β-hCG)

☐ Group & Screen

☐ Other: _____

Special Instructions

_____

_____

_____

_____

Surgeon Signature _____ Printed Name _____ Date _____