

PHYSICIAN'S ORDERS
STRABISMUS REPAIR

Weight _____ (kg)

Allergies _____

To complete the order form, fill in the required blanks and/or check the appropriate boxes.
To delete orders, draw one line through the item and initial.

PREOP ORDERS:

Procedure:

Right Strabismus Repair Left Strabismus Repair

Instill in:

Right Eye Left Eye

Gentamicin sulfate 0.3% eye drops, 1 drop q30min x 4, starting 2 hours preop

Date: _____ Time: _____ MD SIGNATURE _____

POSTOP ORDERS:

DAT

AAT

Postoperative vital signs

Acetaminophen _____ mg po/pr q4h prn

Dimenhydrinate _____ mg po/IM q4h prn

Discharge home when alert

Follow-up appointment with Dr. Budning: _____

Date: _____ Time: _____ MD SIGNATURE _____

