

810 Plaza Blvd, Suite 101 Lancaster, PA 17601 Phone: 717-431-2368

Fax: 717-431-2540 **Print or Type Information** Patient's Full Name _____ Physician's Orders: Date of Birth _____ HISTORY AND PHYSICAL ☐ See Attached H & P Indication for Procedure: History and/or comorbid condition: Physical Evaluation: COMMENTS: Normal Heart Lungs Abdomen Neuromuscular Excellent Good Fair Poor General Physical Condition Comments:_____ Physician's Signature _____ Date___ (not required if H & P is attached) Medication: Dosage: Allergies or Adverse Drug Reactions: Mental Status Oriented Disoriented Comments: Physician H & P Update: (Required if H & P date is prior to surgery date)

Physician's

☐ No change(s) from previous H & P

ASA Class 1 2 3 (For LOCAL Anesthetic patients ONLY)

Signature: _____Date _____



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PROGRESS NOTES

Procedure Note: Pre-Op Diagnosis:	
Operation:	
Post-Op Diagnosis:	
Surgeon:	
Anesthesia:	
E.B.L	
Results:	
Physician's Signature:	