

Pelvic Floor Pre Procedure Order Form

R3854 Rev. 1/2019 page 1 of 1
To be performed within 30 days, unless otherwise noted.

Fax to (513) 585-0169

Surgeon name:
Phone: Fax:

Patient Name :

Date of Birth

Surgery confirmation #

Procedure Order: _____

WEIGHT (kg): _____ **ALLERGIES:** _____

Nursing Orders:

- Obtain vital signs pre and post procedure.
- Nursing Communication: Verify pregnancy test results for any procedure that uses fluoroscopy

Medications:

Antibiotics: *Required

- CephALEXin (KEFLEX) capsule, 500 mg, oral
- For PCN or cephalosporin allergy: levoFLOXacin tablet, 750 mg, oral

Prostate Biopsy Antibiotics:

- cephALEXin (KEFLEX) capsule, 500 mg, oral
- For PCN or cephalosporin allergy: levoFLOXacin (LEVAQUIN) tablet, 750 mg, oral
- gentamicin Intramuscular, 80 mg intramuscular

Botox and other Medications:

- botulinum toxin type A (BOTOX) injection for Bladder, 100 units, other, once
- botulinum toxin type A (BOTOX) injection- For Bladder, 200 units, other, once
- botulinum toxin type A (BOTOX) injection- For Rectal, 50 units, other, once
- phenazopyridine (PYRIDIUM) tablet 200 mg, 200 mg, oral, once, PRN, once

OTHER ORDERS: _

Physician Signature _____ Date: _____ Time: _____

