



Global Care Medical Center

100 Main St, Alfred NY 14802
(607) 555-1234

Ambulatory Surgery Face Sheet

PATIENT INFORMATION:

NAME: WHITE, Joseph
ADDRESS: 453 Beverly Street
CITY: Hornell
STATE: NY
ZIP CODE: 14843
TELEPHONE: 607-324-0566

PATIENT NUMBER: ASUCase017
DATE OF BIRTH: 11-22-YYYY
AGE: 80
GENDER: Male
ORGAN DONOR: No
DATE OF ADMISSION: 02-09-YYYY

ADMITTING INFORMATION:

SURGEON: Orville Mace, M.D.
PRIMARY CARE PROVIDER: Felix M. German, M.D.

SERVICE: Surgery
FINANCIAL CLASS: Commercial (COM)

ADMITTING DIAGNOSIS: Mature cataract, right eye

CODES
366.17

PRIMARY DIAGNOSIS: *Cataract*

SECONDARY DIAGNOSES:

PRIMARY PROCEDURE: *Phacoemulsification*

SECONDARY PROCEDURES: *with Intraocular Lens Implant, Right Eye*

SURGEON'S SIGNATURE *Orville Mace, M.D.*

DATE: 02-09-YYYY

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**Consent for Operation(s) and/or
Procedure(s) and Anesthesia****PERMISSION.** I hereby authorize Dr. Orville Mace, M.D., or associates of his/her choice at theGlobal Care Medical Center (the "Hospital") to perform upon Joseph White

the following operation(s) and/or procedure(s):

Phacoemulsificationwith Intraocular Lens Implant, Right Eye

including such photography, videotaping, televising or other observation of the operation(s)/procedure(s) as may be purposeful for the advance of medical knowledge and/or education, with the understanding that the patient's identity will remain anonymous.

EXPLANATION OF PROCEDURE, RISKS, BENEFITS, ALTERNATIVES. Orville Mace, M.D.
Dr. _____

has fully explained to me the nature and purposes of the operation(s)/procedures named above and has also informed me of expected benefits and complications, attendant discomforts and risks that may arise, as well as possible alternatives to the proposed treatment. I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.

UNFORESEEN CONDITIONS. I understand that during the course of the operation(s) or procedure(s), unforeseen conditions may arise which necessitate procedures in addition to or different from those contemplated. I, therefore, consent to the performance of additional operations and procedures which the above-named physician or his/her associates or assistants may consider necessary.**ANESTHESIA.** I further consent to the administration of such anesthesia as may be considered necessary by the above-named physician or his/her associates or assistants. I recognize that there are always risks to life and health associated with anesthesia. Such risks have been fully explained to me and I have been given an opportunity to ask questions and all my questions have been answered fully and satisfactorily.**SPECIMENS.** Any organs or tissues surgically removed may be examined and retained by the Hospital for medical, scientific or educational purposes and such tissues or parts may be disposed of in accordance with accustomed practice and applicable State laws and/or regulations.**NO GUARANTEES.** I acknowledge that no guarantees or assurances have been made to me concerning the operation(s) or procedure(s) described above.**MEDICAL DEVICE TRACKING.** I hereby authorize the release of my Social Security number to the manufacturer of the medical device(s) I receive, if applicable, in accordance with federal law and regulations which may be used to help locate me if a need arises with regard to this medical device. I release The Global Care Medical Center from any liability that might result from the release of this information.***UNDERSTANDING OF THIS FORM.** I confirm that I have read this form, fully understand its contents, and that all blank spaces above have been completed prior to my signing. I have crossed out any paragraphs above that do not pertain to me.

Patient/Relative/Guardian*

Joseph WhiteJoseph White

Signature

Print Name

Relationship, if other than patient signed: _____

Witness:

Signature

Print Name

Date:

02-09-YYYY

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or is otherwise incompetent to sign.

PHYSICIAN'S CERTIFICATION. I hereby certify that I have explained the nature, purpose, benefits, risks of and alternatives to the operation(s)/ procedure(s), have offered to answer any questions and have fully answered all such questions. I believe that the patient (relative/guardian) fully understands what I have explained and answered.

PHYSICIAN:

Orville Mace, M.D.02-09-YYYY

Signature

Date

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Ambulatory Surgery Operative Report

PATIENT INFORMATION:

NAME: WHITE, Joseph

PATIENT NUMBER: ASUCase017

DATE OF SURGERY: 02-09-YYYY

SURGEON: Orville Mace, M.D.

ASSISTANT SURGEON: J.D. Black, M.D.

PREOPERATIVE DIAGNOSIS: Cataract, right eye.

POSTOPERATIVE DIAGNOSIS: Same.

PROCEDURES: Phacoemulsification with intraocular lens implant, right eye.

OPERATIVE PROCEDURES AND PATHOLOGICAL FINDINGS:

This is an 80-year-old male who was admitted for elective cataract extraction from his right eye. Best corrected visual acuity 20/60, 20/80 effected right eye. Mr. White was educated as to the nature of the diagnosis and the various surgical options. After full informed consent, the patient requested a cataract extraction and intraocular lens implant into the right eye.

DESCRIPTION OF PROCEDURE:

Mr. White was brought to the OR and prepped and draped in the usual manner. Using 1% Lidocaine mixed 50/50 with .5% Marcaine, a retrobulbar modified Van Lint injection was given to achieve anesthesia and akinesia. The eye was massaged for a full five minutes.

Next, in the superior quadrant, a conjunctival fornix-based flap was made. The anterior chamber was entered at the 1:00 position with the keratome, the 10:00 position with the microblade. Using a bent tip #25 gauge needle and capsulorrhexis forceps, a capsulorrhexis was performed.

Next, Healon was instilled into the anterior chamber. Using phacoemulsification, the nucleus was removed without complication. Residual cortical material was removed with the I&A tip to the machine. The posterior capsular polish was used to gently polish the posterior capsule. Healon was then instilled into the anterior chamber. The corneal wound was enlarged to 6 mm. with curved corneal scissors. A posterior chamber intraocular lens was positioned in the posterior chamber and centered with a Sinskey hook.

Healon was then aspirated from the anterior chamber and Miochol was instilled. The pupil rounded up nicely. The corneal wound was then secured with interrupted 10-0 nylon sutures. The end of the sutures were rotated away from the corneal side and trimmed. The wound margin was tested and found to be secure. The conjunctiva was then gently draped over the corneal wound. A subconjunctival injection of garamycin 0.5 cc. was given superiorly. A subconjunctival injection of Decadron 0.5 cc. was given inferiorly. Maxitrol ophthalmic ointment was applied topically to the eye. The eye was patched and shielded. The patient tolerated the procedure well and left the OR in good condition.

SURGEON'S SIGNATURE

Orville Mace, M.D.

OM:ygc

Orville Mace, M.D

DD: 02-09-YYYY

DT: 02-11-YYYY

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LABORATORY DATA

PATIENT NAME: WHITE, Joseph

PATIENT NUMBER: ASUCase017

LOCATION: ASU

ASU PHYSICIAN: Orville Mace, M.D.

DATE: 02-11-YYYY

SPECIMEN: Blood

Test	Result	Flag	Reference
Glucose	105		82-115 mg/dl
BUN	15		8-25 mg/dl
Creatinine	1.0		0.9-1.4 mg/dl
Sodium	138		135-145 mmol/L
Potassium	3.7		3.6-5.0 mmol/L
Chloride	101		99-110 mmol/L
CO2	23		21-31 mmol/L
Calcium	8.8		8.6-10.2 mg/dl
WBC	9.9		4.5-11.0 thous/UL
RBC	4.5		5.2-5.4 mill/UL
HGB	11.9		11.7-16.1 g/dl
HCT	38		35.0-47.0 %
Platelets	175		140-400 thous/UL
PT	12.0		11.0-13.0 seconds

**** END OF REPORT ****