

(Place Patient Identification Sticker Here)

**LAP BAND IMPLANTATION  
 PRE-OP ORDERS  
 (Adults 18 & Older)**

Ht. \_\_\_\_\_ cm Allergies \_\_\_\_\_

Wt. \_\_\_\_\_ kg

DATE & TIME	PHYSICIAN'S ORDERS AND DIET	DATE & TIME	PROGRESS RECORD
	1. AM admit for implantation of Inamed LapBand System		Note Progress of Case, Complications, Consultations, Change in Diagnosis, Condition on Discharge, Instructions to Patient.
	2. Notify UT Surgery Resident of patient arrival to update H & P		
	3. Notify UT Surgery Resident of patient arrival and update with any problems		
	4. Notify Anesthesia of patient arrival		
	5. Measure and obtain abdominal binder		
	6. Venodyne boots to OR with patient.		
	<b>Physician Signature</b> _____		
	<b>Physician ID Number</b> _____		

Unapproved abbreviations – U, IU, QD, QOD, MS, MSO4, MgSO4, doses without leading zeros, doses with trailing zeros.