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AMBULATORY SURGICAL CENTERS
MEDICAL RECORD REVIEW

PATIENT NAME  HISTORY PHYSICAL *pre-op diagnosis *procedure to be done  ADMISSION DATA *hame, address, date of birth, sex marital status, race *date, time of admission *pre-op diagnosis -previous medical history allergies current medications past adverse reactions family history hysical exam  TREATMENT DATA *MD, podiatrist, dentist orders special exams (lab, x-ray, pathology) *signed informed consent *evidence advance directive -nurses notes -meds -TPR -OR record -anesthesia record -consult record surgery site verification  PRIOR DISCHARGE -exam by MD eval risk procedure -exam by MD eval risk procedure -exam by mesthesiologist proper anesthesia recovery, risk anesthesia -discharge in 24 hour or transfer discharge in 25 hours	WIEDICAL RECORD REVIEW								
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Facility Name: Surveyor Number 3784 Discipline:

Observation Dates: From 2/22/12 To

## AMBULATORY SURGICAL CENTERS MEDICAL RECORD REVIEW

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Notification of malpractice	hos in cate	how in cruter		
advance directives	1	/	/	~
Complications or adverse events	No	yo beho	✓	no
written information for obtaining appointment /services after hours			~	/
legible and documented in accordance with acceptable standards of practice	✓	/	/	/
informed consent prior surgery	/	yes-		/
Discharge with responsible adult.	Plc self.	& ER		/
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Revised 02/26/08