

Glaucoma Institute of Austin
Russell A. Hayhurst, M.D. F.A.C.S.
Blythe Monheit, M.D.
(512) 452-8467 • Fax: (512) 452-8440

PHYSICIAN'S ORDERS

PATIENT: _____

DATE OF SURGERY: _____

PROCEDURE: BLEB NEEDLING/REVISION W/ ANTI-METABOLITE

EYE: Right Left

SURGEON: RUSSELL A. HAYHURST, M.D., F.A.C.S.

BLYTHE MONHEIT, M.D.

ANESTHESIA: LOCAL LMAC GENERAL

ORDERS:

1. NEOSYNEPHRINE 2.5% gtt: 1 gt q 20 MINUTES X 2 PRE-OP
2. ZYMAR gtt: 1 gt q 15 MINUTES X 3 PRE-OP
3. HYALURONIDASE: 150 UNITS/ML 1 ML VIAL TO OR
4. _____
- 5- FLUOROURACIL 50 mg\cc – ONE BOTTLE TO O.R.

LAB: PER ANESTHESIA

PERMIT: INFORMED CONSENT FOR BLEB NEEDLING / REVISION / ANTI-METABOLITE

RISKS: PER STATE LIST

**PATIENT IS TO BE SEEN BY THE DOCTOR _____ @ _____
UNLESS OTHERWISE TOLD BY DOCTOR.**

PHYSICIAN'S SIGNATURE