

50 - 2810 Fairway Street South Lethbridge Alberta TIJ 2B9 Tel: 403-327-7227 Toll-free: 1-800-552-8053 Fax: 403-327-8816

free: 1-800-552-8053 403-327-8816 Dr. Bryan Murray Dr. Scott Walburger

IVS MEDICAL FORM

This form must be	completed by y	our physician pr	ior to each surgery	and faxed to our of	fice.	
tient				Gender		
		/ MM /		AHC No		
ntact Information						
me No Wo	rk No	Cell. No	•	Email Address		
ar Physician: This patient esthetic or IV Sedation. I w						
ease fill out completely, in	cluding labs a	nd actual EKG T	racing per Dr Byrd	on Nalder MD FRCPC	8274-311	
Weight kg	Height	_ cm BMI _	ВР	Puls	e	
Allergies						
Medications						
Nedical History						
CNS						
				_		
CVS				Yes SBE Prophylaxis No		
				」 140	☐ No	
respiratory						
GI / GU						
Prior Surgery						
PRIOR ANESTHETIC PROBLEM	S Family history	y of anesthetic prob	ems			
	Post-op naus					
PATIENTS' ASA CLASSIFICATIO		Normal, nealthyPatients with mi	•			
			•	nat is limiting but not inc	anacitatina	
			-	nat is a constant threat to	-	
			•			
EKGs ARE REQU	JIRED ON EVER	YONE OVER THE	AGE OF 50 YEARS	(Actual EKG tracing)		
OOD WORK: Electrolytes		CREAT	Other	(Lab investigations	at MD discre	
kion / Extension C-spine on	-	IND.		a bafaas suuras		
DN BLOOD-THINNERS						
emedication: If history of hiat omg with a sip of water two hou			n greater than 95 kilog	grams, piease prescibe R i	ANITIDINE 1	
's Information: Print Name	•	c	linic Name and Addre	ss		
Telephone	No	Fax I	No	Date		
Signature						