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| **INTERVENTIONAL RADIOLOGY PRE-PROCEDURE H&P NOTE** |

**PLANNED PROCEDURE:**

\*\*\* (currently on IR schedule for \*\*\*)

**HISTORY OF PRESENT ILLNESS:**

@NAME@ is a @AGE@ @SEX@ \*\*\*.

**@MEDICALHX@**

**@SURGICALHX@**

**@ALLERGY@**

**@MED@**

**PHYSICAL EXAM (To be performed by Interventional Radiologist on the day of procedure):**

**General**: no acute distress

**Neurological**: oriented x3, moves all extremities x4

**Pulmonary**: not in respiratory distress

**Abdominal:** \*\*\*

**Extremities:** warm and well perfused \*\*\*

**VITAL SIGNS:**

**@VITALSM@**

**CBC, Creatinine:**

@RCNTLABS1YEAR(WBC:3,ANC:3,HGB:3,HCT:3,PLT:3,CREAT:3)@

@LASTANC@

**Liver Panel:**

@RCNTLABS1YEAR(AST:5,ALT:5,ALKP:5,TBILI:5,TP:5,ALB:5,GGT:5)@