

Patient:				
Dr Coolen Pr No: 0368210				
Vergelegen M	ediclinic P	r No: 5808030		
Procedure:				
Procedure Co	de:	IC	D10 Code:	
Date of Opera	ıtion:			
Please report to Admission at: on:				
Authorisation for the operation must be obtained from you Medical Aid. Please inform Dr Coolen's room with the authorisation number at (021) 840 7004.				
nothing to eat or dr Babies : Wake bab	You may hav ink. y up 6 hours b	e toast and tea/co	before operation ffee between 06h00 and 0 nd give normal feeding. Cl ocedure, after that nothing	ear fluids (eg
Chronic Medication (except blood pressure pills) must be taken on the day of the procedure.				
If patient is on Warf	arin, Plavix, In	sulin of Cordarone	X Dr Coolen must be inforn	ned.
Please take your ID document and Medical Aid card with you to hospital.				
Make sure that the inconvenience. Co		•	as cancellation causes cos	ts and
Clexane injection _		at 16h30 (This c	loes not apply to all patien	its)
SISTER IN CHARGE – PRE ADMISSION CLINIC: PATIENT MEDICAL HISTORY				
Hpt	_ IDH	DM	Other	
INVESTIGATIONS REQUIRED PLEASE:				
CXR		U&E	OTHER:	
EKG				
FBC		INR		
Thank you for your co-operation				