

OR to PCICU Nursing Information Form (approved 12 February 2008)

Fax to PCICU at 2-7479

Patient Demographic Sticker:

1. Height(cm)_____
2. Weight(kg)_____
3. BSA(meters²)_____
4. Allergies_____
5. Special Needs_____
6. Planned Operation_____
7. Time Operation Scheduled to End_____