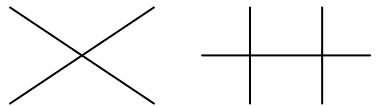
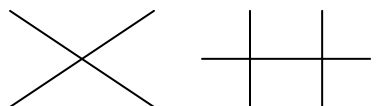


Name	Surgery	Diagnosis:	Surgeon	Room:
Age:			Attending:	H: W:

<u>PMH:</u>	<u>PSH:</u>	<u>MEDS:</u>	<u>Allergies:</u>	<u>Labs/Studies:</u> 
	<u>h/o Anesthesia:</u>			PTT PT/INR: CXR: EKG: Other: Echo:

History:	Airway Exam: Exam Other:	Anesthetic Plan:
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History:	Airway Exam: Exam Other:	Anesthetic Plan:
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