

**Accession Number: MN-19-\_\_\_\_\_**

**The Shin J. Oh Muscle and Nerve Histopathology Laboratory at UAB  
Patient Information Form**

Date: \_\_\_\_\_

Name (Last)	(First)	Age	Sex	Date of Birth	Medical Record Number
Allergies		Is patient on blood thinners? If so when was last dose?			
Is the patient diabetic?		Referring Physician			
Y/N					
<b>Biopsy Specimen(s) Obtained</b>					
R/L _____ Muscle/Nerve/Skin _____					
R/L _____ Muscle/Nerve/Skin _____					
<b>Anesthesia</b>			<b>Sutures &amp; Closing</b>		
1% Lidocaine/Xylocaine with epinephrine with Sodium Bicarbonate			_____ 3-0 Vicryl		
2% Polocaine/Carbocaine without epinephrine			_____ 4-0 Vicryl		
_____ cc used			_____ Dermabond		
			_____ 3-0 Ethilon		
<b>Lumbar Puncture</b>					
Position: R/L ___ decubitus ___ sitting			Spinal Needle introduced at _____ interspace with/without difficulty		
<b>Anesthesia</b>			<b>Fluid obtained</b>		
1% Lidocaine/Xylocaine with epinephrine with Sodium Bicarbonate)			Clear/Yellow/Blood-tinged		
2% Polocaine/Carbocaine without epinephrine			Amount: _____ cc		
_____ cc used					
Opening Pressure: _____ cm CSF			Closing Pressure: _____ cm CSF		
Surgeon: _____			___ Information provided		
Assistant: _____			___ Consent forms signed by patient and physician		
			___ Patient has instructions for wound care/prescriptions		
			___ Physician given copy of this page		

Routine prescriptions (exceptions for allergies): Keflex 500 mg tablets q.i.d. for seven days #28

Percocet/Lortab 5-325 mg 1-2 tablets q. 6 hours #20