



**ORTHO ADD-ON CASE – DR. WALDMAN**

GSMC-M O.R. FAX : 903-927-6361

**Let's do this case:**

**Procedure:**

**Equipment needed:**

**Patient Name:**

**Location in Hospital:**

**Age / Race / Sex:**

**Weight :**

**NPO since:**

**Allergies:**

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D. Waldman, MD