



PRE-ADMISSION TESTING ORDERS

Medical Insurance

Patient Label

OR Case Confirmation
SS# Number
I.D.#
Precert. #

P.A.T. Date:
Appt. Time:
Appt. made by:

Table with 2 columns: SURGICAL PATIENT and CARDIOLOGY PATIENT. Includes Fax PAT orders to, Fax Clinical information to, and Pre-Admission visit will include: History & Physical, Anesthesia Interview, Gait training - Appt. made.

Patient Name: Last: First: MI:
D.O.B. Age Male Female
Home Phone Number: Work: Cell:
Attending Physician:
Physician Performing Procedure: Assistant
Admission Diagnosis: Dx Code (must complete)
Procedure CPT Code (must complete)

Special Requests: (i.e. devices/equipment)
Admission Date: Procedure Date: If appointment is re-scheduled, provide original date:
PRE-OP DAY (REASON) (must attach orders)

PATIENT TYPE
Outpatient Inpatient Non-Surgical
Short Procedure Direct Admission / time
Minor Outpatient Bed type requested: ICU CCU
Cardiac Cath. PCU Regular Room
ANESTHESIA REQUESTED Local only MAC Regional Block General / A/C
TESTING REQUESTED PER ANESTHESIA Previous medical record date
No Testing Chem 7 Additional Tests
CBC Chem 12 Other
PT Type and Screen Sequential Compression Device: Yes No
APTT EKG
UCG CXR
HCG
UA

Outside testing by: Date Phone # Phone
Medical Clearance by Dr. Date Fax

History & Physical to be Completed by Dr.:
Note: Medication and other orders for SPU/Hospital Nursing must be on Physician Order Sheet.

Date Physician Signature