

Location: _____

Labs**Laboratory**

CBC with platelet and differential Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Comprehensive metabolic panel Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Pseudocholinesterase, total Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Blood
Maximum Quantity: 3

Primary Ordering Comments:

This order is a send-out test and will have a long turnaround time, perhaps days. For information about this specific test, please call 713-441-1866 Monday-Friday, 8 am-6 pm.

hCG qualitative, urine screen Frequency: Once Phase of Care: Pre-op Priority: Routine Specimen Type: Urine

Question(s):

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Cardiology**Cardiology**

ECG 12 lead Frequency: Once Phase of Care: Pre-op Priority: Routine Maximum Quantity: 6

Question(s):

Clinical Indications:

Interpreting Physician:

Echocardiogram complete w contrast and 3D if needed Frequency: 1 time imaging Phase of Care: Pre-op Priority:
Routine

Question(s):

Does this study require a chemo toxicity strain protocol?

Does this exam need a strain protocol?

Call back number for Critical Findings:

Where should test be performed?

Does this exam need a bubble study?

Preferred interpreting Cardiologist or group:

Process Instructions:

If this patient has had an echocardiogram ordered/performed within the past 120 hours as indicated by repeat Echo orders report on the left. Please contact the Echo department at 713-441-2222 to discuss the reason for a repeat exam with a cardiologist.

For STAT order, select appropriate STAT Indication. Please enter the cell phone number for the ordering physician so the echo attending can communicate the results of the stat test promptly. If the phone number is not entered, we will not be able to perform the test as stat. Please note that nursing unit phone number or NP phone number do not meet this request'

Other Indications should be ordered for TODAY or Routine.

For Discharge or Observation patient, please choose TODAY as Priority.

Imaging**CT**

CT Head Wo Contrast Frequency: 1 time imaging Phase of Care: Pre-op Priority: Routine

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

X-ray

Chest 2 Vw Frequency: 1 time imaging Phase of Care: Pre-op Priority: Routine

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Spine Entire Ap And Lateral Frequency: 1 time imaging Phase of Care: Pre-op Priority: Routine

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):

Sign: _____ Printed Name: _____ Date/Time: _____

XR Skull < 4 Vw Frequency: 1 time imaging **Frequency Limit:** 1 Occurrences **Priority:** Routine

Question(s):

Is the patient pregnant?

Release to patient (Note: If manual release option is selected, result will auto release 5 days from finalization.):