



# OUTPATIENT SERVICES

### Instructions:

- Fax REHAB orders to 931-815-4630
- Fax ALL OTHER orders to 866-278-2145
- Original – To be kept in the office chart.
- Make a copy for the patient to bring to the facility on the day of the exam.

Patient Type (circle one)      Out-Pt      Recurring

Patient: \_\_\_\_\_ Date and Time of Exam: \_\_\_\_\_

Diagnosis:(applicable to each exam ordered): \_\_\_\_\_

Ordering Physician:(print) \_\_\_\_\_ Signature (Required): \_\_\_\_\_

### LABORATORY

- \_\_\_ ABO & RH
- \_\_\_ Arterial blood gas
- \_\_\_ Amylase, serum
- \_\_\_ Ammonia
- \_\_\_ **ANA (titer if indicated)**
- \_\_\_ BMP (Chem 7)
- \_\_\_ Beta HCG, (Quant.)
- \_\_\_ BUN
- \_\_\_ Beta Strep. Screen
- \_\_\_ Bilirubin – neonatal
- \_\_\_ Bilirubin – total
- \_\_\_ Bilirubin – direct
- \_\_\_ Bleeding Time (By PFA)
- \_\_\_ BNP
- \_\_\_ Calcium serum
- \_\_\_ **CBC (CBC only)**
- \_\_\_ CBC Auto diff (manual diff if indicated)
- \_\_\_ Cholesterol
- \_\_\_ CMP (chem. 12)
- \_\_\_ CK
- \_\_\_ Creatinine Clearance (24 hr urine)
- \_\_\_ Creatinine Serum
- \_\_\_ Drug Screen (in house)
- \_\_\_ Dilantin
- \_\_\_ Digoxin – lanoxin
- \_\_\_ Folate
- \_\_\_ Glucose – fasting
- \_\_\_ Glucose – nonfasting
- \_\_\_ Hematocrit
- \_\_\_ Hemoglobin
- \_\_\_ Hemoglobin A1C
- \_\_\_ HFP (liver panel)
- \_\_\_ Hepatitis Panel (Hep. C by RIBA, if indicated)
- \_\_\_ **HIV (with confirm if indicated)**
- \_\_\_ Lithium
- \_\_\_ Lipid Panel
- \_\_\_ Lytes
- \_\_\_ Magnesium
- \_\_\_ Mono test
- \_\_\_ Ova & Parasite

- \_\_\_ Occult Blood: \_\_feces\_\_ emesis
- \_\_\_ Platelet count – automated
- \_\_\_ Phosphorus
- \_\_\_ Pregnancy test – urine
- \_\_\_ Pregnancy test – serum
- \_\_\_ Potassium
- \_\_\_ PSA
- \_\_\_ PT (INR)
- \_\_\_ PTT
- \_\_\_ **RPR (titer if indicated)**
- \_\_\_ Sed. Rate
- \_\_\_ Semen Analysis
- \_\_\_ Sperm-Count (post vasectomy)
- \_\_\_ T3 Uptake
- \_\_\_ T4
- \_\_\_ Theophylline
- \_\_\_ Troponin I
- \_\_\_ Type & Crossmatch (**Antibody ID** if indicated)
- \_\_\_ Type and Screen
- \_\_\_ TSH
- \_\_\_ Uric Acid
- \_\_\_ **UA (Microscopic if indicated)**
- \_\_\_ Venipuncture
- \_\_\_ Vitamin B12
- \_\_\_ WBC
- \_\_\_ Other: \_\_\_\_\_

### CARDIOPULMONARY

- \_\_\_ EKG
- \_\_\_ Stress Test (Regular)
- \_\_\_ 24 hr Holter Monitor
- \_\_\_ 48 hr Holter Monitor
- \_\_\_ EEG
- \_\_\_ Pulse Oximetry
- \_\_\_ Pulse Oximetry (Rest & Exercise)
- \_\_\_ PFT Screen (Pre only)
- \_\_\_ PFT Disability
- \_\_\_ PFT Complete
- \_\_\_ PFT Complete w/DLCO
- \_\_\_ FEV1
- \_\_\_ Other: \_\_\_\_\_

### REHAB SERVICES

- \_\_\_ Physical Therapy eval & treat
- \_\_\_ Occupational Therapy eval & treat
- \_\_\_ Speech Therapy eval & treat
- \_\_\_ Frequency: \_\_\_\_\_
- \_\_\_ Duration: \_\_\_\_\_
- \_\_\_ Other: \_\_\_\_\_

### NUTRITION SERVICES

- \_\_\_ Medical nutrition therapy eval & treat

### THE DIABETES CENTER

- \_\_\_ Self-Management Training Program
- \*Please call Diabetes coordinator for additional form to be completed.

\_\_\_ I do not want reflex testing for the following tests: \_\_\_\_\_

### MICROBIOLOGY

- \_\_\_ **Blood culture (ID & Sens if positive)**
- \_\_\_ **Body fluid & gram stain: \_\_\_\_\_ (ID & sens if positive)**
- \_\_\_ **Sputum & Gram (ID & sens if indicated)**
- \_\_\_ Throat Culture
- \_\_\_ Urine Culture (ID & sens if positive)

\_\_\_ Call Report      \_\_\_ Fax Report to: \_\_\_\_\_

**\*BOLD = Reflex Tests**

— Scheduling Phone Numbers —

Laboratory: 931-815-4282      Nutrition Services: 931-815-4146      Cardiopulmonary: 931-815-4284      Physical Therapy: 931-815-4367

*It is the policy of our institution that only true, accurate information be submitted to support the ordering of diagnostic tests. The compliance policy of our institution only bills for medically necessary services.*

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