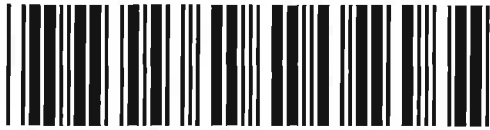


MERIDIAN HEALTH • BCH  
PRE ADMISSION/TESTING ORDERS

81206-002BX (11-12)S



\*PO0025\*

Patient Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
PAT Date: \_\_\_\_\_

Please report to the Pre-Admission Testing Area on:

Day	Date	Time	Procedure
Date of Surgery	Surgeon		Procedure

**ALLERGIES:** \_\_\_\_\_

Send results to \_\_\_\_\_ for medical clearance.

**PREADMISSION TESTING ORDERS**

Please check appropriate studies. Must include clinical reason for exam.

- |  |                  |   |                  |
|--|------------------|---|------------------|
| <input type="checkbox"/> Basic Metabolic Panel         | ICD9 Code: _____ | <input type="checkbox"/> MRSA Nasal Scr   | ICD9 Code: _____ |
| <input type="checkbox"/> Comprehensive Metabolic Panel | ICD9 Code: _____ | <input type="checkbox"/> Chest X-Ray      | ICD9 Code: _____ |
| <input type="checkbox"/> H&H                           | ICD9 Code: _____ | <input type="checkbox"/> EKG              | ICD9 Code: _____ |
| <input type="checkbox"/> CBC with Automated diff       | ICD9 Code: _____ |   |                  |
| <input type="checkbox"/> INR/PTT                       | ICD9 Code: _____ |   |                  |
| <input type="checkbox"/> Urinalysis                    | ICD9 Code: _____ |   |                  |
| <input type="checkbox"/> Urine Pregnancy Test (UCG)    | ICD9 Code: _____ | <input type="checkbox"/> No PATs required |                  |

Additional Orders:

\_\_\_\_\_ ICD9 Code: \_\_\_\_\_  
\_\_\_\_\_ ICD9 Code: \_\_\_\_\_  
\_\_\_\_\_ ICD9 Code: \_\_\_\_\_

PRE OP ANTIBIOTIC ORDERS:     NO     YES: \_\_\_\_\_

**PREADMISSION BLOOD BANK ORDERS**

Type & Screen    Autologous \_\_\_\_\_ units

*Note: If antibodies are detected, the ordering physician will be notified to discuss potentially cross matching units.*

**GENERAL INSTRUCTIONS**

- If your physician has ordered a Comprehensive Metabolic Panel, please do not eat or drink anything after midnight the night before your appointment.
- Please bring a urine specimen in a clean container if urinalysis is ordered.
- Please list medications, dosages, and times on a separate piece of paper.

**If you are using lab tests from a physician's office or outside testing facility, please bring copies of your test results. Test results may be faxed to our centralized fax at 732-361-9355. All test results must be received within 24 hours prior to your surgery.**

If test results are to be faxed to a physician, please bring the fax number and phone numbers with you.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ AM/PM