UPMC Hamot

PRE-ADMISSION SCREENING PRE-OPERATIVE ORDER SHEET

PATIENT LABEL

ORDERING PHYSICIAN: _____ PHONE:_____ FAX: _____

ADDITIONAL COPIES: 1. **451110 UPMC HAMOT PRE-ADMISSION** 2. _____

PATIENT NAME / PRINT _____ DOB: _____/_____/_____ SURGICAL DATE: _____/_____/_____

DEPT.	PROCEDURE / TEST	INDICATION / DIAGNOSIS CODE	DIAGNOSTIC TEST LOCATION / DATE / TIME
❑ **NO DIAGNOSTIC TESTING REQUIRED**			
LAB	HEMATOLOGY 42A ❑ CBC 45443E ❑ Hct 7187W ❑ Hgh ❑ OTHER: _____	❑ ANEMIA ❑ BLEEDING ❑ HEM DISORDER ❑ OTHER: _____	
	COAGULATION 26F ❑ PT 31732E ❑ APTT 7773E ❑ PLATELET	❑ LONG-TERM ANTI-COAG USE ❑ PROSTHETIC VALVE ❑ VASCULAR DISORDER (DVT) ❑ CARDIAC DISORDER (A FIB. ETC.) ❑ NEUROLOGIC DISORDER (TIA) ❑ OTHER: _____	
	CHEMISTRY 28233E ❑ K+ 10231A ❑ CMP 10165F ❑ BMP ❑ OTHER: _____	❑ DIURETICS ❑ HIGH-RISK MEDS ❑ RENAL DISEASE ❑ OTHER: _____	
	URINE 34F ❑ UA 6304R ❑ C & S ❑ OTHER: _____	❑ URINARY FREQ. ❑ DYSURIA ❑ OTHER: _____	
	HORMONE ❑ PREGNANCY TEST 21063E ❑ URINE 21105R ❑ SERUM 30163E ❑ TSH ❑ OTHER: _____	❑ HYPER ❑ HYPO ❑ _____	
BLOOD BANK	❑ TYPE & SCREEN ❑ TYPE & CROSS ❑ AUTOLOGOUS	# UNITS _____ # UNITS _____	
CARDIOPULMONARY	❑ EKG ❑ STRESS TEST ❑ ECHO ❑ OTHER:	❑ CHEST PAIN ❑ CHF ❑ OTHER: _____	
	RESP ❑ ABGs ❑ PULSE OXIMETER ❑ PFTs ❑ OTHER:_____	❑ COPD ❑ SOB ❑ OTHER: _____	
RADIOLOGY	❑ CXR ❑ OTHER:_____	❑ COUGH ❑ ADVENTITIOUS BREATH SOUNDS ❑ SOB ❑ WHEEZING ❑ _____	

DIAGNOSIS:

_____ / / AM PM

PHYSICIAN'S SIGNATURE DATE TIME