

PRE-ADMISSION TESTING

Patient Name: _____ Date of Birth: _____

Diagnosis/ICD9 Code: _____

Surgical Procedure/Consent: _____

Date of Procedure: _____ Surgeon's Name: _____

ORDERS:

1. Admit to Parkway Surgery Center
2. Start I.V. with 1000cc Ringers Lactate 500cc Ringer's Lactate
3. Other orders: _____

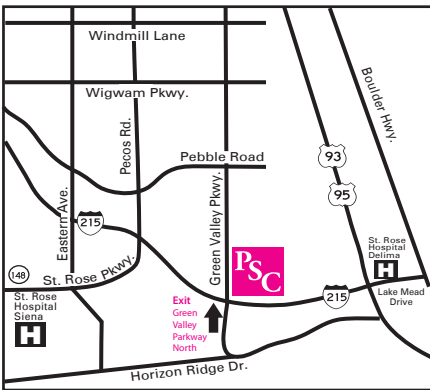
Physician Requested LAB TESTS: Check or Circle test to be ordered

<p>■ <u>Female Patient's</u></p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Urine Pregnancy (Menstruating Females)</p> <p>■ <u>Female Patient's (Age > 50)</u></p> <p><input type="checkbox"/> EKG</p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Chem Panel</p>	<p>■ <u>Male Patients's Age >40</u></p> <p><input type="checkbox"/> EKG</p> <p>■ <u>All Patients Age > 60</u></p> <p><input type="checkbox"/> CBC</p> <p><input type="checkbox"/> Chem Panel</p> <p><input type="checkbox"/> EKG</p> <p><input type="checkbox"/> CXR (PA/Lateral) as indicated by history</p>
<p>■ <u>Diabetics: Patient's taking Diuretics or Cardioactive Drugs</u></p> <p><input type="checkbox"/> Chem Panel</p> <p><input type="checkbox"/> Accucheck (for all Diabetic Patients on Admission)</p> <p>■ <u>No Test's Required</u></p>	<p>■ <u>Other</u></p> <p><input type="checkbox"/> PT</p> <p><input type="checkbox"/> PTT</p> <p><input type="checkbox"/> Crutch Training</p> <p><input type="checkbox"/> _____</p>

Labs for patients on K+ depleting drugs should be < 2 weeks old.

If Patient had an EKG within the last 6 months - Please fax results to Parkway Surgery Center.

FAX ALL RESULTS TO PARKWAY SURGERY CENTER 702.269.0428



Physician Signature _____ Date _____



A Joint Venture with St. Rose Dominican and United Surgical Partners

100 N. Green Valley Pkwy., Ste. 125 • Henderson, NV 89074

(702) 616-4954

TTY (702) 914-0722

White: Parkway Original • Canary: Lab Copy

PATIENT SHOULD BRING BOTH COPIES WITH THEM THE DAY OF REGISTRATION