NewYork-Presbyterian
The University Hospital of Columbia and Cornell

45171

ADVANCE ORDER SHEET

IF NO PLATE, PRINT NAME, SEX AND MEDICAL RECORD NO.

Date of Admission: _____ Date of Operations: _____

Name of Operation: _____

Diagnosis: _____

Type of Anesthesia: ☐ MAC ☐ REGIONAL ☐ GENERAL

History and Physical Done? ☐ Yes ☐ No

Have Pre-Admission Tests Been Performed? If So, Attach Results.

TESTS TO BE PERFORMED IN THE ADMISSIONS TEST LAB

FOR MEDICAL PROVIDER:
ALL REQUIRED LABORATORY TESTING IS TO BE COMPLETED PRIOR TO SCHEDULED PROCEDURE

INDICATE TEST(S) ORDERED	PRE-AD	ADMISSION DAY	INDICATE TEST(S) ORDERED	PRE-AD	ADMISSION DAY
☐ Standard PAU			☐ ESR		
ADDITIONAL TESTS:			☐ C-Reactive Protein (CRP)		
☐ Automated Blood Count (ABC) With			☐ ANA		
☐ Differential			☐ FARR		
☐ With Platelets			☐ Serum Complement		
☐ With Reticulocytes			☐ Serum Acid Phos.		
☐ Chem 7			☐ CIEP		
☐ SMAC			☐ Enzymatic		
☐ Type & X-Match, ABO & RH			☐ T-3 RU & T-4		
☐ Number of Units			☐ Thyroglobulin		
☐ Urinalysis					
☐ Urine Culture			☐ EKG		
☐ Chest PA & LAT			☐ ANESTHESIA CONSULT		
☐ Radiology - Specify					
			☐ MEDICAL CLEARANCE WITH:		
☐ PT			☐		
☐ APTT			☐ PLEASE FAX ALL RESULTS TO		
☐ ART (VDRL)			☐ 212-305-7314		
☐ CEA			☐		
☐ Coagulation Profile					

LAB PERSONNEL: Circle those tests not completed and patient care will complete the orders.

Doctor's Signature: _____ Date: _____

* PRE-ADMISSION UNIT - Includes all tests needed for anesthesia for normal risk PATIENTS - See Medical questionnaire for listed tests

PLEASE SEE REVERSE SIDE FOR DOCTOR'S ORDERS