



# Radiology Pre Procedure Orders

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ MMI: \_\_\_\_\_

Procedure: \_\_\_\_\_ Proc Date/Time: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Radiologist: \_\_\_\_\_

### Laboratory Orders (STAT if checked)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> CBC w/ differential  | <input type="checkbox"/> PT/INR          | <input type="checkbox"/> BMP / CHEM 7  |
| <input type="checkbox"/> CBC w/o differential | <input type="checkbox"/> PTT             | <input type="checkbox"/> CMP / CHEM 14 |
| <input type="checkbox"/> Type & Screen        | <input type="checkbox"/> Urine Preg Test |  |

### Other Orders

- Admit to Surgical Center for outpatient procedure.
- Insert IV line.
- Make patient NPO except for medications.
- Complete yellow anesthesia questionnaire.
- Check blood sugar if patient is diabetic.
- Have patient void on call for procedure.
- Check urine pregnancy test if patient is female, under 55 years of age and has not undergone hysterectomy, tubal ligation or doesn't have IUD in place.
- Hold AM blood thinners / anticoagulates for procedure.
- Administer 25 mg Benadryl IV on call for procedure (give on call to Radiology for procedure).
- 
- 

Physician Signature

Printed Name

PAS#

Date/Time

PERMANENT COPY  
PRE-ADMISSION TESTING ORDERS

