



**SERVICE ORDER FORM
& Standard Pre-Operative/
Pre-Procedure Orders** Height: _____ Weight: _____ Allergies: _____

**PLACE PATIENT
LABEL
CAREFULLY HERE**

Admission Priority: <input type="checkbox"/> Emergency <input type="checkbox"/> Urgent <input type="checkbox"/> Elective		TYPE OF ADMISSION: <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	
Medical Justification (Include onset of illness date) Reason for Admission prior to procedure: _____			
Location: <input type="checkbox"/> SCC <input type="checkbox"/> Endoscopy <input type="checkbox"/> Day Surgery <input type="checkbox"/> HVI <input type="checkbox"/> Other: _____		Surgery Case Confirmation Number: _____	
Last Name _____ First _____ MI _____ Sex: M F		DOB ____/____/____ Attending Physician _____ Medical Record # _____	
Insurance; Primary _____ Policy/GRP# _____ Pre-Cert# _____		Insurance; Secondary _____ Policy/GRP# _____ Pre-Cert# _____	
<input type="checkbox"/> No Tests Required <input type="checkbox"/> Ordered Test Below <input type="checkbox"/> History & Physical <input type="checkbox"/> Dictated <input type="checkbox"/> Sent with Patient <input type="checkbox"/> Consent Sent with Patient <input type="checkbox"/> No Consent			
ATTACH OR FAX A COPY OF DEMOGRAPHIC/INSURANCE INFORMATION PLEASE CHECK THE APPROPRIATE BOX - <input type="checkbox"/> ROUTINE <input type="checkbox"/> STAT <input type="checkbox"/> TO BE SCHEDULED			
DIAGNOSTIC TEST/PROCEDURE NAME		CPT	ICD-10 & DIAGNOSIS
1.			
Clinical Decision Support Vendor utilized; (qCDSM) <input type="checkbox"/> NA		Decision Support Session ID # _____ Score _____	
Name; _____ or Code; G _____		Adherence; <input type="checkbox"/> MF(no) <input type="checkbox"/> MG(no criteria avail.) <input type="checkbox"/> ME(yes)	
2.			
Clinical Decision Support Vendor utilized; (qCDSM) <input type="checkbox"/> NA		Decision Support Session ID # _____ Score _____	
Name; _____ or Code; G _____		Adherence; <input type="checkbox"/> MF(no) <input type="checkbox"/> MG(no criteria avail.) <input type="checkbox"/> ME(yes)	
3.			
Clinical Decision Support Vendor utilized; (qCDSM) <input type="checkbox"/> NA		Decision Support Session ID # _____ Score _____	
Name; _____ or Code; G _____		Adherence; <input type="checkbox"/> MF(no) <input type="checkbox"/> MG(no criteria avail.) <input type="checkbox"/> ME(yes)	
TEST	ICD-10 Code	TEST	ICD-10 Code
<input type="checkbox"/> BLOOD COUNT _____		<input type="checkbox"/> ESR _____	
<input type="checkbox"/> PLATELET _____		<input type="checkbox"/> CRP _____	
<input type="checkbox"/> DIFF _____		<input type="checkbox"/> U/A Microscopic _____	
<input type="checkbox"/> BMP _____		<input type="checkbox"/> - Reflux Culture _____	
<input type="checkbox"/> CMP _____		<input type="checkbox"/> Pre - Op Nasal Screen _____	
<input type="checkbox"/> PRIOR LABS ARE ATTACHED		<input type="checkbox"/> BETA HCG _____	
<input type="checkbox"/> NEW LAB ORDERS ATTACHED		<input type="checkbox"/> PT / INR <input type="checkbox"/> PTT _____	
BLOOD BANK		ICD-10 Code	
<input type="checkbox"/> TYPE AND SCREEN ONLY _____			
<input type="checkbox"/> TYPE AND CROSSMATCH _____			
NUMBER OF UNITS _____			
<input type="checkbox"/> AUTOLOGOUS _____			
<input type="checkbox"/> DIRECTED/ DESIGNATED _____			
TEST		ICD-10 Code	
<input type="checkbox"/> EKG Read by _____			
Dr. _____			
<input type="checkbox"/> PRIOR CARDIAC CLEARANCE			
by Dr. _____			
<input type="checkbox"/> PRIOR EKG DONE			
Date: _____			
by Dr. _____			
Pre-Op Visit Date: _____ For Surgery patients, use Anesthesiologist's Standard Pre-op Orders			
<input type="checkbox"/> If patient has history of MRSA or if nasal screen is positive, activate the Staph aureus MRSA Pre-op Decolonization Order Set.			
Pre-op Medication(s) _____		Dose _____ Route _____ Frequency _____	
1. _____			
2. _____			
*note: Pre-op antibiotics must be entered in Epic by the provider to ensure appropriate antibiotic selection			
<input type="checkbox"/> VO <input type="checkbox"/> TO <u>RAV</u> _____ / _____			
Physician's Signature: _____			
		(Date)	*required (Time)

