

BRING THIS ORDER WITH YOU TO REGISTRATION



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CARDIOPULMONARY OUTPATIENT ORDERS

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|---------------|----------------|
| Patient Name: | Date of Birth: |
| DIAGNOSIS: | |

HEART STUDIES

- Electrocardiogram
- 24 Hr. Cardiac Monitor (Holter) 48 Hr.
- Trend Event Recorder _____ # of days
- Ambulatory 24Hr. Blood Pressure Monitor 48 Hr

- Exercise Stress (treadmill only)
- Exercise Myoview
- Persantine Myoview
- Lexiscan Myoview
- Dobutamine Myoview

- Echocardiogram (complete)
- Exercise Stress Echocardiogram
- Dobutamine Stress Echocardiogram
- Transesophageal Echocardiogram

LUNG STUDIES

- Arterial Blood Gases
- Carboxyhemoglobin
- Oximetry
- Peak Flow Rates
- MDI Instruction
- Pre OP Education (Incentive Spirometry and C&DB instruction)
- Pulmonary Function (spirometry only)
- Bronchodilator Challenge (spirometry pre & post bronchodilation)
- Lung Diffusion (DLCO)
- Complete Pulmonary Function (Lung volumes, Spirometry with bronchodialators and DLCO)
- 24° Pulse Oximeter

BRAIN STUDIES

- Electroencephalogram (EEG) Sleep deprived
- Ambulatory EEG 24Hr 48 Hr

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| <p>PATIENT INFORMATION:</p> <p>Height: _____</p> <p>Weight: _____</p> <p>Diabetic: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Latex Allergy: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Other Allergies: _____</p> <p>_____</p> |
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Physician Signature: _____ Date: _____