

Lab

Pre-admit Testing



Patient Name: _____
DOB: _____
Date of Surgery: _____
Copy to Provider: _____

ICD-10 code: _____

LABORATORY PROCEDURES

(Please Check)

- CBC
- CBC with Automated Differential
- Urinalysis _____ Culture if indicated _____
- Basic Metabolic Panel **(Mini Panel)**
- Comprehensive Metabolic Panel
- Electrolytes
- Hepatic Function Panel
- PT
- PTT
- Type & Screen _____
- Type & Crossmatch _____ # units _____
- Other _____

SPECIAL PROCEDURES

- EKG
- Special Tests _____

X-RAY

- Chest X-Ray “2 views”
- Special X-Rays _____

Physician *(Please Sign)*

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