CLINIC REQUEST FORM

Date: _____

Patient name: _____ **Birth Date:** _____

Diagnosis: _____

********** *Execute the checked or circle orders* **********

RADIOLOGY STUDIES:

❑CXR(PA & Lat) ❑Barium enema: double / single contrast ❑UGI / SBFT ❑Fistulogram ❑Pouchogram
❑Gastric emptying study ❑CT- abd / pelvis / chest oral/IV contrast ❑Colonic transit ❑Flat / Upright abd. X-ray ❑PET scan

LABORATORY:

❑CBC ❑with automatic differential ❑without differential ❑PT / PTT
❑Basic Metabolic Profile ❑Comprehensive Metabolic Profile ❑LFT's ❑GGT ❑LDH ❑Total bilirbin & Direct Bilirubin

❑Urinalysis ❑Urine culture ❑urine βHCG ❑CEA ❑CA 19-9 ❑CA 125

❑TSH, T4 levels, free T3 levels ❑Ionized Ca^{+}, iPTH & phosphorus levels ❑Prolactin, ACTH, Cortisol & Glucagon levels
❑Urine porphobilinogen ❑Urine 24 hour calcium level

❑Stool for Clostridium difficile toxin, Ova & Parasites, stool culture, white cells
❑ANAb, ANCAb, ASMAb, ESR, Anti-mitochondrial Ab levels (IBD panel)
❑Amylase / Lipase ❑Pancreatic profile

CONSULTS/CLEARANCE:

❑Cardiology ❑Pulmonary ❑Primary Doctor ❑Urology ❑Gynecology ❑GI medicine ❑Stoma nurse ❑Other

Physician: _____

Reason: _____

❑OUTGOING ❑INCOMING COMMUNICATIONS:

❑Referral letter/ Follow-up letter ❑Work/ School release ❑Medical Records ❑Prescription
❑Literature ❑Preop/ Bowel Prep Instructions ❑Marketing packet
❑Operative/endoscopy report ❑Admission & D/C summary ❑Pathology report ❑Radiology report
❑Other: _____

❑To/❑From: Name_____

Contact info: _____

By: ❑Mail ❑Facsimile ❑Fed-X ❑E-mail ❑Phone

NOTES: _____
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