

Midland Memorial Hospital, Midland, Texas 79701
MMH Outpatient Test Order Sheet-Testing Center

PATIENT NAME _____ DATE OF BIRTH _____

PHYSICIAN SIGNATURE _____ DATE/TIME _____

☐ One Time Order ☐ Standing Order: Frequency _____ ☐ Duration (6 mo max) _____

PATIENT STATUS: ☐ OP ☐ OP TREATMENT CENTER ☐ OBSERVATION ☐ DAY SURGERY

ALLERGIES: _____ HEIGHT _____ WEIGHT _____ TODAY'S LABS _____

Diagnosis: _____

Diet: _____

CHEMISTRY PANELS

- ☐ Basic Metabolic
☐ Comprehensive Metabolic
☐ Hepatic Function

INDIVIDUAL CHEMISTRY

- ☐ CRP
☐ CPK
☐ Magnesium
☐ Vancomycin
☐ Other _____

SEND OUTS

- ☐ IgG Subclasses
☐ Other _____
☐ Other _____

PRE-MEDS

- ☐ Tylenol _____
☐ Bumex _____
☐ Lasix _____
☐ Dexametnasone _____
☐ Benadryl _____
☐ IVIG _____

HEMATOLOGY

- ☐ CBC with Diff
☐ PT/APTT
☐ ESR
☐ Do not draw post-transfusion CBC

URINALYSIS

- ☐ UA Dipstick
☐ UA Micro

RADIOLOGY

- ☐ MRI
☐ PICC Line
☐ Chest
☐ Ultrasound

MICROBIOLOGY

- ☐ Urine Culture
☐ Other- Source: _____

BLOOD BANK

- ☐ Order to Transfuse Date: _____
☐ Crossmatch _____ units
☐ Plasma
☐ Platelets
☐ RBC
☐ Type and Screen
☐ Type and Rh
☐ Special Alerts
☐ Irradiated
☐ CMV Negative
☐ Sickle Cell

IV FLUIDS

- ☐ N. SALINE
☐ N.S. Flush
☐ Other Fluids

D/C Order _____

Other Instructions/Orders _____

(Patient Label)

Patient Name:
Patient DOB:
MR #:
Acct #:

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Laboratory

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Last Review Date: 11/19/2024

Scan to: Lab and Pathology Requisition

