Midland Health, Midland, TX
Centralized Scheduling
Phone: (432)221-2300 Fax: (432)221-4926

**Thoracentesis/Paracentesis Order Form**

Patient Name: _____ DOB: _____ Patient contact #: _____

Height: _____ Weight: _____ Medication allergies: _____

Diagnosis code: _____ Requesting Provider: _____Office contact #: _____

**Procedure Requested:** □ One-time □ PRN (standing order is good for six months)

□ **Thoracentesis** □ right □ left

□ **Paracentesis** *IV albumin: □ 25g□ 50g □ no albumin Other: _____

□ **Diagnostic and Therapeutic** □ **Therapeutic only** (fluid will be discarded without lab analysis)

□ **Fluid Analysis (required for diagnostic)** □ Fluid Analysis first visit only □ Fluid Analysis every visit

□ cytology/pathology □ protein □ AFB

□ body fluid culture (incl. aerobic, gram stain, C&S) □ glucose □ fungal culture

□ anaerobic □ amylase □ LDH

□ cell count w/ diff □ albumin □ eosinophils

□ pH (pleural fluid) □ other: _____

**Pre-Procedure labs** (required for all procedures) □ PT, INR, PTT, CBC

**Frequency of labs:** Labs will be drawn every 90 days unless otherwise specified.
Request for more frequent labs: _____

**Post-procedure imaging** (required for thoracentesis only) □ 1 view chest XR

**Previous imaging?** □ yes □ no **Where:** _____
**Please have patient bring outside images to procedure appointment.

**Medication list included?** □ yes □ no (Patient will not be scheduled until med list is received)

**Blood thinners?** □ yes □ no If yes, Medication name/dose: _____
Hold Blood Thinners for _____days prior to the procedure and _____ days after the procedure.

**Can patient consent?** □ yes □ no If no, name of POA: _____ Contact # _____

**Provider Signature** _____ **Date Signed** _____ **Time** _____
**Unless requested STAT by ordering provider, we will contact the patient to schedule once we have received a complete order

| | |
|---|---|
| (Patient Label) | Radiology Thoracentesis/Paracentesis Order Form |
| | Radiology Department |
| Patient Name: | Page 1 of 1 |
| Patient DOB: | Effective Date: 12/29/2025 |
| MR #: | Last Review Date: 12/29/2025 |
| Acct #: | Scan to: Physician Order |