

# 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  $\beta$ HCG    CEA    CA 19-9    CA 125
- TSH, T4 levels, free T3 levels    Ionized Ca<sup>+</sup>, 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:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Referral letter/ Follow-up letter | <input type="checkbox"/> Work/ School release           | <input type="checkbox"/> Medical Records  | <input type="checkbox"/> Prescription     |
| <input type="checkbox"/> Literature                        | <input type="checkbox"/> Preop/ Bowel Prep Instructions | <input type="checkbox"/> Pathology report | <input type="checkbox"/> Marketing packet |
| <input type="checkbox"/> Operative/endoscopy report        | <input type="checkbox"/> Admission & D/C summary        | <input type="checkbox"/> Radiology report |   |
| <input type="checkbox"/> Other: _____                      |   |   |   |

To/From: Name \_\_\_\_\_

Contact info: \_\_\_\_\_

By: Mail    Facsimile    Fed-X    E-mail    Phone

NOTES: \_\_\_\_\_