



<b>REQUIRED</b>	Height _____	Diagnosis: _____
	Weight _____	Signs/Symptoms: _____
		Diagnosis codes: _____
		Insurance Name: _____ Authorization #: _____ Expires: _____
<input type="checkbox"/> No Authorization required, Determined by (Name): _____		

**STAT → Clinical Indicator:** \_\_\_\_\_

**CardioPulmonary** (360) 417-7486 Fax (360) 417-7483

- EKG                                       Treadmill Stress Echo                       Pulmonary Rehab                       Treadmill Stress Nuclear
- Echocardiogram                       Simple Treadmill                       Cardiac Rehab                       Drug Stress Nuclear
- Trans-esophageal Echo                       48 Hour-14 Day Continuous Monitor-Zio

Comments: \_\_\_\_\_

**Rhythm Management Clinic** (360) 565-9360 Fax (360) 565-9361

**For consults & new device fax progress notes, test, labs, med lists, etc**

- Pacemaker Eval                       Implanted Loop Recorder(ILR) Eval                       Arrhythmia Consult
  - Defibrillator Eval                       Transtelephonic pacer (TTP)check                       48 Hour-14 Day Continuous Monitor-Zio
- Check all that apply:**  New Pt     New device , brand: \_\_\_\_\_     New event     Follow Up Med changes

Comments: \_\_\_\_\_

**Birthing Center** (360) 417-7400 Fax: (360) 417-7761

- NST Weekly     NST Bi Weekly     AFI Weekly     AFI Bi weekly     Gestational Diabetes, Sweet Success

**Rehabilitation Services**

- Port Angeles** 321 N Chambers (360) 417-7728 Fax (360) 417-7715
- Sequim** 800 N 5<sup>th</sup> Ave, Suite 102 (360) 582-2601 Fax (360) 582-2602

Evaluation and Treatment:  Physical Therapy     Occupational Therapy     Speech Therapy

Comments: \_\_\_\_\_

Precautions: \_\_\_\_\_

**Respiratory Therapy** (360) 417-7157 Fax (360) 417-7775 *Please arrive 15 minutes prior to test*

- Location:**  Port Angeles     Sequim
- Pulmonary Function Test with Bronchodilator                       ABG (Arterial Blood Gas)
  - Methacholine Challenge                       O2 Sats (rest and walking)                       Spirometry / Flow Volume Loop

Comments: \_\_\_\_\_

**Diagnostic Imaging** Please use DI21183 - Diagnostic Imaging Orders (360) 565-9003 Fax: (360) 565-9001

**Nutrition Services & Diabetes Education**

Please use NU25358 - Diabetes & Nutrition Education Outpatient Orders (360) 417-7125 Fax (360) 417-7188

**Lab** Please use LA993 - Outpatient Lab Orders (360) 417-7729 Fax (360) 417-7646

**OMC Noted By Signature**  
 (First Initial / Last Name / Title): \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

<b>REQUIRED</b>	<b>Provider Signature:</b> _____ (First Initial / Last Name / Title)	_____ Date / Time	_____ Provider Name: (Please Print)
	Patient Name: _____		
	DOB: _____ Phone #: _____		
	CC: _____		
	Appointment Date/Time: _____		

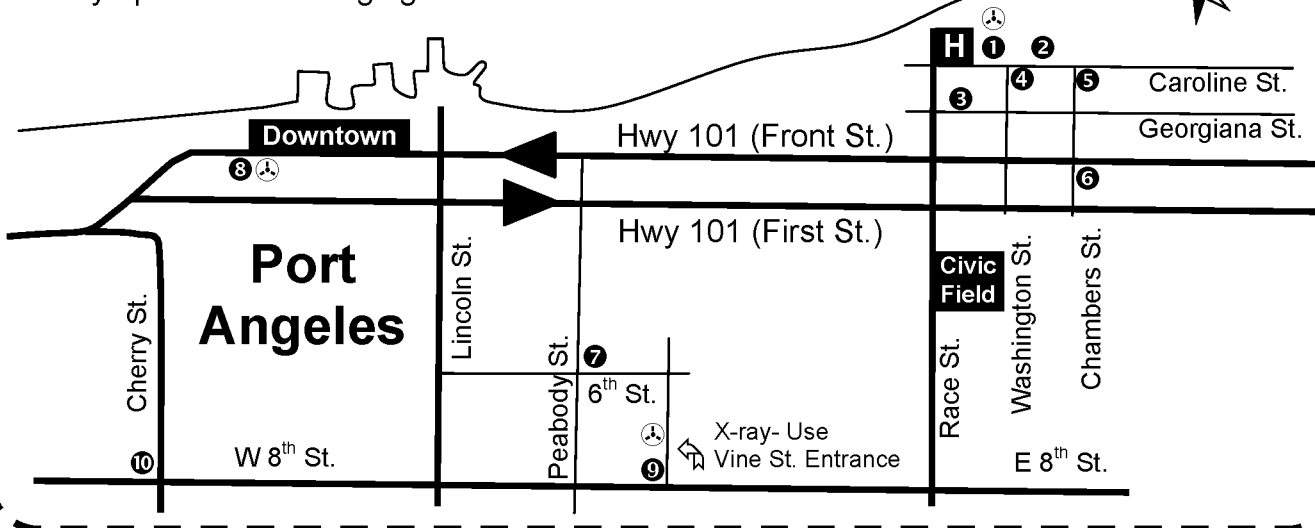
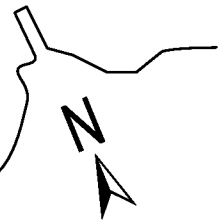


**Outpatient Orders**  
 MC25 8/16/2016  
 (Item# 17188)

**Fax this order to each necessary department**

- ❶ Olympic Memorial Hospital 🏥
- ❷ Surgery Clinic
- ❸ Specialty Clinic, Port Angeles
- ❹ Orthopaedic Clinic
- ❺ Physical Therapy & Rehab
- ❻ Olympic Medical Imaging

- ❼ Patient Accounts
- ❽ Downtown Health Center 🏥
- ❾ Primary Care Clinic (8<sup>th</sup> & Vine) 🏥
- ❿ Primary Care Clinic (8<sup>th</sup> & Cherry) 🏥
- 🏠 Locations With X-Ray Services



- ❶ Medical Services Building 🏥  
 Cardiac Services • Diabetes Education  
 Diagnostic Imaging • Laboratory • Walk In Clinic  
 Specialty Clinic, Sequim: Cardiology, Gastroenterology,  
 Neurology, Pulmonology, Sleep, Urology, Women's Health
- ❷ Cancer Center
- ❸ Physical Therapy & Rehab
- ❹ Jamestown Family Health Center 🏥
- ❺ Urology Clinic • Orthopaedic Clinic 🏥
- 🏠 Locations with X-Ray Services

