

## POST-APPOINTMENT ORDER SHEET

Patient's name: \_\_\_\_\_

Upcoming visits/labs, if any: \_\_\_\_\_ Date of last annual exam: \_\_\_\_\_

**TODAY AND RETURN:** Patient needs the following tests and should return today;

or  **RELEASE:** Patient needs the following tests today and can then be released.

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Chest X-ray 786.2 or 786.09                 | <input type="checkbox"/> Serum protein electrophoresis 285.9   | <input type="checkbox"/> Stool culture and sensitivity 787.91                         |
| <input type="checkbox"/> X-ray, flat and upright, of abdomen 789.00  | <input type="checkbox"/> B12 285.9 NEEDS WAIVER SIGNED, 289.89 (macrocy), 294.1 (dementia) or 357.4 (neuropathy) | <input type="checkbox"/> Ova and parasite exam x 3 787.91                             |
| <input type="checkbox"/> Doppler ultrasound, lower extremities 729.5 | <input type="checkbox"/> Folate 285.9  | <input type="checkbox"/> Urinalysis 788.41 or 780.79                                  |
| <input type="checkbox"/> Brain natriuretic peptide 428.0             | <input type="checkbox"/> Serum HCG 626.0 or 787.02   | <input type="checkbox"/> Urinalysis C&S 599.0   |
| <input type="checkbox"/> C-troponin I 786.5                          | <input type="checkbox"/> Free T4 244.9   | <input type="checkbox"/> Erythrocyte sedimentation rate 780.79                        |
| <input type="checkbox"/> BUN/creatinine 401.1 or 780.79              | <input type="checkbox"/> Amylase 789.00  | <input type="checkbox"/> Albumin, alkaline phosphatase, SGOT, SGPT, total bili 789.00 |
| <input type="checkbox"/> Sodium/potassium 401.1 or 780.79            | <input type="checkbox"/> H. pylori screen 536.8  | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Complete blood count 780.79, 285.9 or 578.1 | <input type="checkbox"/> Digoxin level 427.31  |   |
| <input type="checkbox"/> Thyroid stimulating hormone 780.79 or 244.9 |  |   |
| <input type="checkbox"/> Ferritin 285.9                              |  |   |

**FOLLOW-UP APPOINTMENT:** Patient should return to clinic in \_\_\_\_ months for chronic disease follow-up.

The following tests should be obtained one week before appointment unless results are available within 30 minutes.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Chest X-ray 486 or 793.1   | <input type="checkbox"/> Hg 285.9  | <input type="checkbox"/> Sodium/potassium/creatinine/Hg 593.9 or 401.1                          |
| <input type="checkbox"/> Mammogram <input type="checkbox"/> L <input type="checkbox"/> R 793.89 or V76.12 | <input type="checkbox"/> BUN/creatinine 401.1                                    | <input type="checkbox"/> Microalbumin/creatinine 250.00 or 790.6                                |
| <input type="checkbox"/> Lipids/SGOT 272.0  | <input type="checkbox"/> 1 month & 2 month INR & call; 3 month INR & appt V58.61 | <input type="checkbox"/> Renal ultrasound, iron/iron binding, ferritin, parathyroid panel 593.9 |
| <input type="checkbox"/> CRP 272.0 or V70.0   | <input type="checkbox"/> Thyroid stimulating hormone 244.9                       | <input type="checkbox"/> Other: _____   |
| <input type="checkbox"/> Fasting blood sugar and A1C 790.6 or 250.00                                      | <input type="checkbox"/> Free T4 244.9 or 242.90                                 |   |
| <input type="checkbox"/> Fasting blood sugar 790.6, 250.0 or V70.0  | <input type="checkbox"/> Erythrocyte sedimentation rate 725                      |   |
| <input type="checkbox"/> 2-hr postprandial glucose 790.6 or 250.00  | <input type="checkbox"/> Retic count 790.6 or 250.00                             |   |
| <input type="checkbox"/> Retic count 790.6 or 250.00  |  |   |

**ANNUAL EXAM:** Patient should return to clinic in \_\_\_\_ months for annual exam.

The following tests should be obtained one week before appointment unless results are available within 30 minutes.

- |                                  |  |                                       |
|----------------------------------|--|---------------------------------------|
| <b>Standard tests:</b>           | <input type="checkbox"/> Sodium/potassium/creatinine/microalbumin 401.1      | <input type="checkbox"/> Other: _____ |
| Lipids/SGOT 272.0 or V70.0       | <input type="checkbox"/> Diabetic panel & appt with diabetes educator 250.00 |                                       |
| Fasting blood sugar V77.1        | <input type="checkbox"/> Fasting blood sugar & A1C 790.6                     |                                       |
| Hg V70.0                         | <input type="checkbox"/> Thyroid stimulating hormone 244.9                   |                                       |
| Mammogram V76.12, 610.1 or V16.3 |  |                                       |
| PSA (if male over 50) V76.44     |  |                                       |

**PROCEDURE:** Patient should return to clinic in \_\_\_\_ months.

The following tests should be obtained one week before appointment unless results are available within 30 minutes or unless noted as "same day."

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Stress echocardiogram 786.50 (B-blocker? <input type="checkbox"/> yes <input type="checkbox"/> no) | <input type="checkbox"/> Upper gastrointestinal X-ray (same day) 789.00                  | <input type="checkbox"/> 72-hr glucose monitor 250.00 or 790.6 |
| <input type="checkbox"/> Stress test 786.50 or 414.01   | <input type="checkbox"/> Flexible sigmoidoscopy V70.0                                    | <input type="checkbox"/> Diabetic appt w/ NP 1:1               |
| <input type="checkbox"/> Echocardiogram 428.0 or 427.31   | <input type="checkbox"/> Flex sig w/ air contrast/barium enema (same day) V16.0 or 578.1 | <input type="checkbox"/> Dietitian appt                        |
| <input type="checkbox"/> 24-hr Holter monitor 785.1 or 780.2  | <input type="checkbox"/> CT, abdomen/pelvis (same day) 789.00                            | <input type="checkbox"/> Diabetes class                        |
| <input type="checkbox"/> Overnight oximetry 780.79  | <input type="checkbox"/> Pelvic ultrasound w/ vaginal probe (same day) 627.1             | <input type="checkbox"/> Weight-management class               |
| <input type="checkbox"/> 24-hr ambulatory blood pressure monitor 796.2  | <input type="checkbox"/> Thyroid ultrasound (same day) 241.0                             | <input type="checkbox"/> Smoking cessation                     |
| <input type="checkbox"/> Ankle-brachial index 729.5   | <input type="checkbox"/> CT, head (same day) 784.0                                       | <input type="checkbox"/> Flu clinic                            |
| <input type="checkbox"/> Carotid ultrasound (same day) 785.9  | <input type="checkbox"/> CT, chest (same day) 793.1                                      | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> Aortic ultrasound (same day) V70.0   | <input type="checkbox"/> Endometrial biopsy  |  |
| <input type="checkbox"/> Right upper quadrant ultrasound (same day) 789.00  | <input type="checkbox"/> DEXA scan 627.2, 733.90 or 733.0                                |  |

Referral: Patient needs appointment with Dr. \_\_\_\_\_ for the following reason: \_\_\_\_\_

Note: Default ICD-9 codes for each test are listed above. Where needed, circle the alternative diagnosis code.