

Legacy Salmon Creek Medical Center

AMB/OUTPATIENT LUMBAR PUNCTURE ORDERS [3612]

2211 NE 136th Street
Vancouver, WA 98686
Phone: (360) 487-1800 Fax: (360) 487-1822



Patient Information: Date: _____

Name of Patient: _____ DOB: _____ Wt. _____

Symptoms/reason for exam: _____

ICD-10 code(s): _____

Ordering Physician _____ Signature: _____

Insurance: _____ Pre-authorization number/date range: _____

Referring physician Tax ID No: _____ Referring physician NPI No. _____

Physician preference for results: Report only Report and CD Routine STAT Fax: _____

Other: _____

Call report requires cell or back line number: _____

Diagnostics: Please match referral form

Fluoro Lumbar Puncture – NORMAL PRESSURE HYDROCEPHALUS

Fluoro Lumbar Puncture – All other LPs

Other: _____

Labs:

No Lab Tests Required

MS Panel – CSF and Serum required

- Oligoclonal Band Profile – Requires CSF & Serum
- Nursing Communication

NMO FACS (NMO Optical/AQP4) IgG – Requires Serum

CSF Analysis

All listed orders are required components of this lab panel

CSF No. 1 Cell Count

CSF No. 1 Differential

CSF Chemistry Panel (Glu + TP + Xan)

CSF Additional Cell Count

Culture CSF w Gram Stain

Culture AFB w Conc Smear

Culture Fungus

Cytology CSF

CSF VDRL

Cryptococcus Antigen Detection

Other: _____

Physician/Credentialed Provider's Signature _____

Printed Name: _____ Provider #: _____ Date: _____ Time: _____

Please fax the following information with this request to 360-487-1822:

Demographics Copy of Insurance Card History and Physical Medication List