

# Legacy Salmon Creek Medical Center

## Radiology: Biopsy, Drainage Order Form [1550]

2211 NE 136<sup>th</sup> Street

Vancouver, WA 98686

Phone: (360) 487-1800 Fax: (360) 487-1822



**Patient Information:** Date: \_\_\_\_\_

Name of Patient: \_\_\_\_\_ DOB: \_\_\_\_\_ Wt. \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Diagnostic Imaging Order Form: Please submit to schedule the exam. This form required for lab test ordering.**

**Procedure requested:** \_\_\_\_\_

### Labs Tests Requested:

<input type="checkbox"/> Pathology Tissue Specimen  Clinical Diagnosis: _____ Clinical History: _____ Source/Type: _____ # of Specimens: _____  <input type="checkbox"/> Flow Cytometry Studies Provisional Diagnosis: _____ Prior Treatment: _____  Select Type of Cytometry Studies: <input type="checkbox"/> Acute Leukemia <input type="checkbox"/> Lymphoma protocol <input type="checkbox"/> Myeloma <input type="checkbox"/> Screen Panel-Monoclonality-Blasts <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Cytology Fine Needle Aspirate <input type="checkbox"/> Cytology Miscellaneous specimen <input type="checkbox"/> BF Cell Count and Differential <input type="checkbox"/> BF Albumin <input type="checkbox"/> BF Amylase <input type="checkbox"/> BF Bilirubin Total <input type="checkbox"/> BF Glucose <input type="checkbox"/> BF LDH <input type="checkbox"/> BF PH <input type="checkbox"/> BF Total Protein <input type="checkbox"/> Albumin level <input type="checkbox"/> Cytology Body Fluid	<input type="checkbox"/> Culture Drainage or Exudate <input type="checkbox"/> Culture CSF <input type="checkbox"/> Culture AFB <input type="checkbox"/> Culture Fungus <input type="checkbox"/> Culture Body Fluid <input type="checkbox"/> Other tests: _____ _____ _____ _____ _____ <input type="checkbox"/> Request IR consultation for appropriate pathology/lab orders
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Physician/Credentialed Provider's Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_ Provider #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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