

# KidSTOP Creekside

Order Written: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_

## Outpatient Physician Order

Monday through Friday • 8:00 a.m. to 8:00 p.m.

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ kg

Date of Birth: \_\_\_\_\_ Date of Surgery/Procedure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### Lab

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CBC w/Auto Diff   | <input type="checkbox"/> Urinalysis       | <input type="checkbox"/> Troponin I        |
| <input type="checkbox"/> CBC w/man diff    | <input type="checkbox"/> Urine Culture    | <input type="checkbox"/> BNP               |
| <input type="checkbox"/> BMP               | <input type="checkbox"/> I/O Cath         | <input type="checkbox"/> BHCG Quantitative |
| <input type="checkbox"/> CMP               | <input type="checkbox"/> Clean Catch      | <input type="checkbox"/> BHCG Qualitative  |
| <input type="checkbox"/> RFP               | <input type="checkbox"/> RSV Ag           | <input type="checkbox"/> Mono              |
| <input type="checkbox"/> TSH               | <input type="checkbox"/> Influenza A/BAg  | <input type="checkbox"/> hsCRP             |
| <input type="checkbox"/> Newborn Screen    | <input type="checkbox"/> PT/PTT           | <input type="checkbox"/> Strep A Antigen   |
| <input type="checkbox"/> COVID-19 Antigen  | <input type="checkbox"/> Mg (not included | <input type="checkbox"/> Culture of        |
| <input type="checkbox"/> COVID-19 PCR      | <input type="checkbox"/> in CMP or BMP)   |  |
| <input type="checkbox"/> Blood Culture     | <input type="checkbox"/> CK               |  |
| <input type="checkbox"/> Urine Drug Screen | <input type="checkbox"/> CKMB             |  |

### Cardiopulmonary

EKG

### Ortho Splints Performed

- Right  Left  Arm  Wrist  Leg  Ankle
- Preformed Wrist Splint  Ankle Air Splint  Arm Sling
- Post-Op Shoe  Boot  Crutches  Walker

### Physician's Information

Physician Office Number: \_\_\_\_\_

Physician Fax Number: \_\_\_\_\_

Physician (print name): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### CHRISTUS Santa Rosa Emergency Center – Creekside

244 Creekside Crossing, New Braunfels, Texas 78130

Phone: 830.608.5600 | Fax: 830.608.5699

### Radiology

CXR  KUB  X-Ray  Abd Flat & Upright

\_\_\_\_\_

\_\_\_\_\_

Please call 210.704.4100 to schedule the following:

\*US of: \_\_\_\_\_

\*CT Scan of: \_\_\_\_\_

Reason: \_\_\_\_\_

**\* These exams may require prior authorization depending on insurance coverage. Authorization is the responsibility of the PCP office.**

\*Note: It may be necessary to be seen at The Children's Hospital of San Antonio downtown San Antonio campus for specialized radiological exams.



Patient Label

