PREOP TESTING FAX COVER SHEET

TO: Admitting Testing @ Huntington Hospital Fax No. : (626) 397-2932

DATE: ______________ TIME: ______________ NO. OF PAGES: ____________

FROM: ________________________________________________________________

TELEPHONE: ___________________ FAX: ___________________
(of sender) (of sender)

DESCRIPTION OF DOCUMENTS SENT for: ______________________________________

_____ Physician orders (must include date of surgery and be signed, dated and timed by the physician)

_____ History & Physical

_____ Labs

_____ EKG

_____ Chest x-ray

_____ Other tests: __________________________________________________________ (please specify)

_____ Medical/Cardiac clearance

_____ Surgical/Procedural Consent

_____ Special Consent:  ____ Hysterectomy  ____ Sterilization  ____ Blood Transfusion

**All pages must have patient’s name and date of surgery clearly visible**

To verify receipt of all documents, please call (626) 397-2669

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