



OUTPATIENT ORDER FORM

for Procedural Visits Only (PVO)

Date _____ **Please use this form when sending a patient to a Children's Hospital Colorado
Emergency Department or Urgent Care for outpatient tests or services.**

Patient's Last name _____ First name _____ MI _____

Patient's Date of birth: ____/____/____ ___ Male ___ Female

Test or procedure requested (please circle which test(s) or procedure(s)):

- CBC* Bilirubin* Electrolytes*
- Urinalysis (UA): ___ Catheter or ___ Clean Catch (**choose one**)
- Urine Culture: ___ Catheter or ___ Clean Catch (**choose one**)
- Strep Test: (**Rapid will be performed on site, culture will be sent to lab if rapid is negative, ED/UC staff will contact the provider at the number listed below with result**)
- ___ Nasal Wash or ___ Nasal Swab (**choose one**)
- ECG (electrocardiogram)
- Pulse Oximeter Check: (**ED/UC staff will contact the provider at the number listed below with result**)
- Blood Pressure Check: (**ED/UC staff will contact the provider at the number listed below with result**)
- Suture/Staple Removal
- Splint Application (**type & location**): _____
- IM Injection (**antibiotics only**): _____
- Vaccination**(**rabies only**): _____

Indication for antibiotic or rabies (required): _____

* Any additional blood tests outside of the three options listed above must be performed by outpatient lab during phlebotomy hours (see back of order for phlebotomy hours and locations). Some lab specimens may be sent to the Anschutz Campus main lab for processing and resulting.

** Rabies vaccine not available at all Network of Care sites, please contact the site to determine availability prior to sending the patient.

Reason for test or service (diagnosis and/or signs/symptoms - please do not use "rule out", "likely", etc... _____

Additional information: _____

Signature of Ordering Provider (**required**): _____ Date (**required**): _____

Ordering Provider (**please print**): _____ Time (**required**): _____

Address and Phone Number of Ordering Provider (**required**): _____

ED/UC Staff: Please send this form to HIM for scanning into the patient's medical record.

For lab specimens only, please send a copy of this form to the lab with the specimen and also HIM for scanning.