

Patient Information and Physician Order Sheet

Memorial Pulmonary Services

P1

Patient Name: _____ **Patient DOB:** _____

(Please bring this sheet with you at time of service.)

Appointment Date: _____ **Arrival Time:** _____ **Procedure Time:** _____

Diagnosis (ICD Code Required): _____

Ordering Physician (Signature): _____

(Printed): _____

(Date): _____ (Time): _____

To schedule appointments, please call 647-7318. Fax this order to 647-2200.

Procedure Scheduled: RESPIRATORY TREATMENT

Please check appropriate box:

- Bronchodilator** _____ (specify drug and dosage)
- Pentamidine** _____ (specify drug and dosage)
- Mucolytics** _____ (specify drug and dosage)
- Sputum Induction/Collection**
- Chest Percussion and Postural Drainage**

About your procedure: Please arrive 15 minutes before your scheduled appointment to register.

How to find us: **Free** valet parking is available for patients at the Main Entrance, or you may park in the Bartlett Street Parking Ramp (see map). When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk (see maps). If you have any questions, please ask the Main Entrance Information Desk. If you need assistance regarding scheduling, please call 647-7700.

647-7700

Memorial
Hospital of South Bend*
Quality of Life