

Patient Information and Physician Order Sheet

Memorial Pulmonary Services

P7

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: BRONCHOSCOPY

Prep: Please do not eat after midnight before your procedure. If you have any questions, please call 647-7318.

How to find us: 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 map). From there, you will be directed to the Patient Care Area in which you will be staying. If you have any questions, please ask at the Main Entrance Information Desk.

647-7700

Memorial
Hospital of South Bend*
Quality of Life