

Patient Information and Physician Order Sheet

Memorial Pulmonary Services

P8

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: _____

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

About your procedure: Please fill out any important patient information below:

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 Pulmonary Services. If you have any questions, please ask at the Main Entrance Information Desk.

647-7700

Memorial
Hospital of South Bend*
Quality of Life