

PREOP TESTING FAX COVER SHEET

io: Admitting Testin	<u>g @ Hunlington H</u>	<u>ospitai</u>	Fax No . : (626) 397-2932
DATE:	TIME:		NO. OF PAGES:
FROM:			
TELEPHONE:		FAX: _	(of sender)
(of se	nder)		(of sender)
DESCRIPTION OF DOCU	JMENTS SENT for:		
Physician orders (must include date of surgery and be signed, dated			(patient's name)
Priysician orders (m	ust include date of surgery and	be signed, dat	ed and timed by the physician)
History & Physical			
Labs			
EKG			
Chest x-ray			
Other tests:			
	(please	specify)	
Medical/Cardiac cle	earance		
Surgical/Procedura	l Consent		
Special Consent:	Hysterectomy		_ Sterilization
	Blood Transfus	ion	
Other			

**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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