



# LIVER BIOPSY

PATIENT:

DOB:

PROCEDURE DATE:

SPOKE TO:

CONTACT #:

ASK FOR DIAGNOSIS—HEMOCHROMATOSIS, WILSON’S DISEASE, HEP B AND HEP C

**ORDERS**

- H & P
- DEMOGRAPHICS
- INSURANCE
- MEDS LIST

**BLOOD THINNERS:**     ASPIRIN \_\_\_\_\_MG  
 PLAVIX/COUMADIN/WARFARIN \_\_\_\_\_MG  
 IBUPROFIN/MOTRIN/ADVIL  
**DC DATE:** \_\_\_\_\_ **LAB DATE:** \_\_\_\_\_

LABS: (CBC, PT, PTT)

WHERE DRAWN:

SENT TO:

- PHYSICIANS TO BE CC'D
- CLEAR LIQUIDS FROM MIDNIGHT
- 1 ½ - 2 HOUR RECOVERY
- DRIVER/TRANSPORT
- PATIENT SPEAKS ENGLISH: YES/NO IF NO, PERSON TO ACCOMPANY: \_\_\_\_\_



# THYROID BIOPSY

PATIENT:

DOB:

PROCEDURE DATE:

SPOKE TO:

CONTACT #:

### ORDERS

U/S THYROID REPORT

LAST OFFICE VISIT NOTES

U/S RPT FAXED FOR REVIEW \_\_\_/\_\_\_/20\_\_\_

OK'D BY:

DR \_\_\_\_\_

H & P

DEMOGRAPHICS

INSURANCE

MEDS LIST

**BLOOD THINNERS:**  ASPIRIN \_\_\_\_\_ MG

PLAVIX/COUMADIN/WARFARIN \_\_\_\_\_ MG

IBUPROFEN/MOTRIN/ADVIL

**DC DATE:** \_\_\_\_\_ **LAB DATE:** \_\_\_\_\_

LABS: (CBC, PT, PTT)  
SENT TO:

WHERE ORDERED:

LIGHT BREAKFAST, TAKE MEDICATIONS

PATIENT SPEAKS ENGLISH: YES/NO IF NO, PERSON TO  
ACCOMPANY: \_\_\_\_\_