

<b>UMC Health System</b>  CHEMICAL STRESS NM	Patient Label Here
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**PHYSICIAN ORDERS**

Diagnosis \_\_\_\_\_

Weight \_\_\_\_\_ Allergies \_\_\_\_\_

Place an "X" in the Orders column to designate orders of choice AND an "x" in the specific order detail box(es) where applicable.

**ORDER ORDER DETAILS**

**Diagnostic Tests**

	ONE NM ORDER MUST BE SELECTED
	<b>NM Myo Spect Multiple DOBUTAMINE</b>
	<b>NM Myo Spect Multiple LEXISCAN</b>
	<b>NM Thal Spect Multiple DOBUTAMINE</b>
	<b>NM Thal Spect Multiple LEXISCAN</b>
	<b>EKG Stress Test NM</b>

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TO  Read Back

Scanned Powerchart

Scanned PharmScan

Order Taken by Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

