UMC Health System

EXERCISE STRESS NM

Patient Label Here

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
	EKG Stress Test NM
	Chosose ONLY one chemical exam. **NM Myo Spect Multiple EXERCISE**
	NM Thal Spect Multiple EXERCISE

☐ **TO** ☐ **Read Back** ☐ **Scanned Powerchart** ☐ **Scanned PharmScan**

Order Taken by Signature: _____ Date _____ Time _____

Physician Signature: _____ **Date** _____ **Time** _____