UMC Health System

OUTPATIENT BB TYPE AND SCREEN

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
	Laboratory
	BB Blood Type (ABO/Rh) ☐ Routine Outpatient/PACU, T;N, Vendor Bill No
	BB Antibody Screen ☐ Routine Outpatient/PACU, T;N, Vendor Bill No
	BB Clot to Hold ☐ Routine Outpatient/PACU, T;N, Vendor Bill No

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

Order Taken by Signature: _____ Date _____ Time _____

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