

UMC Health System

Patient Label Here

OUTPATIENT FMT COLONOSCOPY PLAN  
- Phase: Clinic

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

Consults/Referrals

Schedule Endoscopy Procedure

Colonoscopy, for Fecal Microbiota Transplant (FMT)

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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



UMC Health System

Patient Label Here

OUTPATIENT FMT COLONOSCOPY PLAN  
- Phase: Day PRIOR to Procedure

PHYSICIAN ORDERS

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

Patient Care

Fecal Microbiota Transplant Algorithm

Transplant Route: Colonoscopy Procedure

Laboratory

Fecal Specimen Processing

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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



