



<b>UMC Health System</b>  <b>PACU POST-OP DIAGNOSTIC TESTS</b>	<b>Patient Label Here</b>
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**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
	<b>DX Hand Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Heel-Os Calsis 2+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Heel-Os Calsis 2+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Hip 2-3 views Unilat (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Hip 2-3 views Unilat (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Wrist Complete 3+ (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Wrist Complete 3+ (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Tib/Fib AP/Lat (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Tib/Fib AP/Lat (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Shoulder Complete 2+ (Left) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Left))</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Shoulder Complete 2+ (Right) (DX Shoulder 4 vw AP,Y,Grashey,Ax (Right))</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis Complete 3+ (DX Pelvis w Juda Views)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis Complete 3+ (DX Pelvis w Inlet and Outlet)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Pelvis AP 1 or 2 vw</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Knee 1or 2 vws (Left)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU
	<b>DX Knee 1or 2 vws (Right)</b> <input type="checkbox"/> STAT, Portable, Post-op. Patient in PACU

TO  Read Back

Scanned Powerchart

Scanned PharmScan

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

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

