

# Patient Information and Physician Order Sheet

Memorial Pulmonary Services

P3

**Patient Name:** \_\_\_\_\_ **Patient DOB:** \_\_\_\_\_

(Please bring this sheet with you at time of service.)

**Appointment Date:** \_\_\_\_\_ **Arrival Time:** \_\_\_\_\_ **Procedure Time:** \_\_\_\_\_

**Diagnosis** (ICD Code Required): \_\_\_\_\_

**Ordering Physician** (Signature): \_\_\_\_\_

(Printed): \_\_\_\_\_

(Date): \_\_\_\_\_ (Time): \_\_\_\_\_

**To schedule appointments, please call 647-7318. Fax this order to 647-2200.**

**Procedure Scheduled: Please check appropriate box:**

- EXERCISE DESATURATION**
- O2 SATURATION**

**Prep:** Please arrive 15 minutes before your scheduled appointment to register. Wear comfortable clothes and comfortable walking shoes for the exercise desaturation. If you have any questions, please call 647-7318.

**How to find us:** When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital to the rear of the Information Desk (see map). From there, you will be directed to Pulmonary Services. If you have any questions, please ask at the Main Entrance Information Desk.

**647-7700**

**Memorial**  
Hospital of South Bend\*  
*Quality of Life*