## Patient Information and Physician Order Sheet

## Memorial Pulmonary Services

Patient Name:(Please bring this sheet with you at time of s		Patient DOB:
(Please bring this sheet with you at time of s	ervice.)	
Appointment Date:	Arrival Time:	Procedure Time:
Diagnosis (ICD-10 Code Required):		
Ordering Physician (Signature):		
(Printed):		
(Date):		(Time):
Please check appropriate		
☐ Bronchodilator _		(specify drug and dosage)
☐ Pentamidine		(specify drug and dosage)
☐ Mucolytics		(specify drug and dosage
☐ Sputum Induction	on/Collection	
☐ Chest Percussion	n and Postural Draina	ge
<b>About your procedure:</b> Please arr	rive 15 minutes before y	your scheduled appointment to

How to find us: Free valet parking is available for patients at the Main Entrance, or you may park in the Bartlett Street Parking Ramp (see map). 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 maps). If you have any questions, please ask the Main Entrance Information Desk. If you need assistance regarding scheduling, please call 647-7700.

647-7700

Memorial
Hospital of South Bend\*
Quality of Life

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