

**Lenox Hill Hospital** 100 East 77th Street, New York, NY 10075-1850  
**Northwell Health** Surgical Cases Fax to 866-219-5545  
 210 East 64th Street, New York, NY 10065-7471  
 Surgical Cases Fax to 866-231-1027

Fax all clearance paperwork to 646-665-6791  
**PETER MCCANN, MD**  
 200 WEST 13TH STREET 6TH FLOOR  
 NEW YORK, NY 10011  
 Phone: 646-665-6784

## PHYSICIAN'S ORDER FORM FOR PRE-ADMISSION TESTING

Date of Surgery: 11/15/2017  
 Patient's Name: NAJJAR MOUNIR  
 Surgeon's Name: PETER MCCANN, MD

**TEST RESULT SUBMISSION:**

- No tests required for healthy patients without medical problems.
- The patient's name, testing date and date of birth must appear on every test document
- All laboratory tests must be performed by a CLIA ( Clinical Laboratory Improvement Act) approved laboratory. Lab tests are good for 30 days prior to surgery.
- In the absence of recent medical problems, chest X-ray is valid for six months and ECG is valid for 3 months

History & Physical will be performed by:  Surgeon  MEETH PST Dept.

Other MD: Name \_\_\_\_\_ MD Telephone \_\_\_\_\_

No Testing Ordered or Required

Pre testing ICD10 Code (Vcode) \_\_\_\_\_

H&P CPT Code \_\_\_\_\_

**ICD 10 Codes**

Must indicate reason/diagnosis for all testing  
 Please refer to the next page for a list of the ICD 10 codes.

Laboratory Tests	INDICATOR	ICD-10 CODES
<input type="checkbox"/> BMP (BUN, Na, K, Cl, Glu, Creat, Ca, CO <sub>2</sub> ) <input type="checkbox"/> CMP (Alb, TBIL, Ca, CO <sub>2</sub> , Creat, Glu, AlkP, TP, Na, SGOT, BUN, SGPT, Cl, K) <input type="checkbox"/> Potassium level	Patient has been diagnosed with renal disease Patient is taking a diuretic drug that can cause hypokalemia or any other drug that can cause electrolyte abnormalities Patient is taking digoxin ESRD patients on dialysis	
<input type="checkbox"/> CBC		
<input type="checkbox"/> PT/PTT/INR	Patients whose surgery is likely to be performed under regional anesthesia and are taking or have recently taken anticoagulant drugs	
<input type="checkbox"/> Urinalysis		
<input type="checkbox"/> HCG Serum <input type="checkbox"/> HCG Urine	If the patient is a woman of childbearing age	
<input type="checkbox"/> ECG Age is not a factor.	Patient has at least 1 risk factor (Ischemic heart disease, Renal disease, Cerebrovascular disease, Diabetes, HX, of heart failure)	
<input type="checkbox"/> Chest X - Ray  Chest Xray is not required if patient's condition is stable.	Patients who have chronic pulmonary disease (emphysema, bronchitis, asthma), chronic congestive heart failure or who have experienced a recent exacerbation of symptoms deviating from a stable state	
<input type="checkbox"/> Sleep study	Patient with diagnosis of or symptoms suggestive of obstructive sleep apnea if appropriate for age, unless determined by Otolaryngologist, Neurologist or Pulmonologist	

Date: \_\_\_\_\_ Time: \_\_\_\_\_

M.D. Signature: \_\_\_\_\_ NPI# 1053402214