Hartford Hospital
A Hartford HealthCare Partner

IMPORTANT
Position patient ID plate so it is to the LEFT of the arrow

Check box to initiate order

GYN/ONCOLOGY MD ORDERS

ALLERGIC: ☐ NO ☐ YES_____

DATE/TIME MD SIGNATURE	PHYSICIAN'S ORDERS (excludes medication orders)	NOTED BY WHOM	DATE/TIME MD SIGNATURE	MEDICATION ORDERS (includes iv's bloods, blood components)	NOTED BY WHOM
	Date of Service:				
	Follow-Up:			☐ Refer to Tumor Board	
	MD**:**			☐ Refer to Medical Records From_____	
	SURGERY:			☐ Refer to Genetics	
	MD:			☐ Request Pathology Slides for Review From_____	
	Surgical Procedure:			☐ Request Radiology Studies From_____	
	Diagnosis:				
	Clearance:				
	Bowel Prep				
	Coordinate With:				
	TESTS:			**SPECIMENS OBTAINED**	
	☐ CXR ☐ Mammogram			☐ Pap ☐ Cervical Bx	
	☐ CT Scan ☐ Colonoscopy			☐ EMBx ☐ Vulvar Bx	
	☐ Ultrasound ☐ EKG			☐ ECC ☐ Vaginal Bx	
	☐ MRI ☐ Other _____				
	LABORATORY TESTING:				
	☐ CA-125 ☐ LFT'S				
	☐ hCG ☐ Coags (PT, PTT, INR)				
	☐ CEA ☐ UA, C&S				
	☐ Cbc ☐ Type & Screen				
	☐ Chem 7 ☐ Chemo Panel				
	☐ HE4 ☐ Other				

6804