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| --- | --- | --- | --- |
| ***PROVIDER’S ORDERS*** | | | Patient Sticker |
| **ALLERGIES**  Medication/Reaction/Side Effects:  Food: | | | Medication/Reaction/Side Effects: |
| ***ORDERED*** | |  | |
| ***Date*** | ***Time*** |
|  |  | **NEW:** | |
|  |  | NP swab for COVID-19 testing | |
|  |  | OP swab for COVID-19 testing | |
|  |  |  | |
|  |  | **Intended Lab to be used:** | |
|  |  | Wadsworth Laboratory NYSDOH | |
|  |  | CDESS # ­­­\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  | |
|  |  | Lab Corp | |
|  |  |  | |
|  |  |  | |
|  |  | Medical Diagnosis: | |
|  |  | Bronchitis Pneumonia Cough | |
|  |  | URI Malaise GI symptoms | |
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