

MEDICAL RECORD**Orders Manual:
JOBS – hyper IGE**

Date: _____ **Case Manager:** Dirk Mary Sandra **LIP:** Holland Malech

Date of NIH Visit:	Monday	Tuesday	Wednesday	Thursday	Friday

Please record all appointments and times on the JOBS preplanning log sheet.

Labs/Phlebotomy (always schedule at 8:00 am on first day of visit, unless instructed differently by case manager):

*****Make consult appointment prior to scheduling any other appointment or test. Notify receptionist for each consult that this is a JOBS patient*****

Dermatology Consult: 6-6421, OP13 (The patient should be scheduled to see Dr. Turner. If unable to, notify the case manager.)

Has this patient been seen before? Yes No

Medications:

Date: _____ Time: _____ AM/PM

Consult entered in MIS? Yes No

Neurology Consult: 6-8033, OP7 (Neurology clinic is held on Wed. afternoons. The patient should be scheduled with Dr. Karp. If unable to, notify the case manager.)

Has this patient been seen before? Yes No

Medications:

Date: _____ Time: _____ AM/PM

Consult entered in MIS? Yes No

Dental Consult: 6-4371, First floor (clinic is held on Tuesdays).

Has this patient been seen before? Yes No

By whom, Dr. Brahim Dr. Guadagnini Other: _____

Medications:

Date: _____ Time: _____ AM/PM

Does patient require pre-dental appointment medication/therapy alterations? Yes No

Does patient require any of the following isolation precautions? Strict Contact Respiratory Level I

Respiratory Level II Respiratory Level III Other: _____

Date: _____ Time: _____ AM/PM

Consult entered in MIS? Yes No

Genetics Consult: call or e-mail Joie Davis 5-6691 (clinic meets at 1:00 p.m. Tues.) **DO NOT ENTER GENETIC CONSULT IN MIS**

Location of appointment?

Date: _____ Time: _____ AM/PM

Schedule the following test(s) after consults:

Chest CT: 6-6681

Indication: JOBS Patient, protocol mandated

Approximate time for test: _____ AM _____ PM Scheduled time: _____ AM/PM

Will the patient need contrast? Yes No

If yes, Oral IV Both

Patient Identification

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NIH-2829 (6-03)
P.A. 09-25-0099
File in Section 6: Orders Manual

MEDICAL RECORD**Orders Manual:
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MRI of: Abdomen Brain Chest Face/Sinuses/ENT
 Kidneys Liver/Spleen Neck Other: _____

Will the patient need contrast? Yes No
If yes, Oral IV Both

Does the patient have: Pacemaker or Autodefibrillator Cochlear Implants
 Foreign body in the eye Surgical clips or aneurysm

Scheduled time: _____ AM/PM **Pulmonary Function Tests (PFTs): 6-6681***Indication:* JOBS Patient, protocol mandated

(This test takes approximately 1.5-2 hours to complete. The patient needs to arrive at 7W 15 minutes ahead of scheduled appointment time.)
 In MIS, select "Bronchodilator study with routine pulmonary function study." Also, select "Other" and type in "Pre and post bronchodilator."

Medications:

Date: _____ *Time:* _____ AM/PM **Bone Densitometry (Radiology-Scanner 4500): 6-6681***Indication:* JOBS Patient, protocol mandated

Under PHYSICIANS MASTER GUIDE select Nuclear Medicine
 Select SKELETAL STUDIES – Bone Scan, Bone Densitometry
 Select BONE DENSITOMETRY (limited DEXAS)
 Continue through MIS until BONE DENSITOMETRY screen and select DEXAS (Radius/Femur/Spine AP& Lat (158)

Is this Initial Study? Yes No
 Follow-up Study? Yes No

Enter Weight and Height –skip to Specific Site

Complete all remaining MIS questions

Other Tests: **Skeletal Series (General Diagnostics)***Indication:* JOBS Patient, r/o fractures

Femur, bilateral Tibula/Fibula, bilateral Pelvis Spine, Scoliosis Series
Skull, AP & Lat Feet, bilateral Hands, bilateral

Date: _____ *Time:* _____ AM/PM

Photography: 6-9994 (*Mary King: 104-4557-7 or John Crawford 104-8486-7*)
 (*Photography takes 15-20 minutes*)

Date: _____ *Time:* _____ AM/PM**Other Tests/Procedures:** _____

LIP Signature

LIP name (printed)

Date

Patient Identification

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