



Physician Orders

Care Set: Rheumatology Orders

[X or R] = will be ordered unless marked out.

T= Today; N = Now (date and time ordered)

Height: _____ cm Weight: _____ kg

Allergies: [] No known allergies

[] Medication allergy(s): _____

[] Latex allergy [] Other: _____

Laboratory

<input type="checkbox"/> []	ANA (Anti Nuclear Antibody)	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	Rheumatology Profile	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	DNA Antibody Single Stranded	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	Rheumatoid Factor	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	C-Reactive Protein (CRP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	Extractable Nuclear Antibody Profile (ENA Profile)	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	Protein Electrophoresis Serum	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	CBC	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	Comprehensive Metabolic Panel (CMP)	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	C3 Complement	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	C4 Complement	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	CH50 (Total Complement)	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	Histone Antibody (Anti Histone)	T;N,Routine,once,Type: Blood
<input type="checkbox"/> []	Erythrocyte Sedimentation Rate (ESR)	T;N,Routine,once,Type: Blood

Date

Time

Physician's Signature

MD Number

