

Lumbar Puncture Orders for Non-RFGH Providers ORDER FORM



Skowhegan, Maine

Attach required documentation:

- ☐ H&P completed within last year.
- ☐ Most recent head CT and/or MRI

Diagnosis:

Weight _____ **kgs**
Height _____ **inches**

ORDERS

- ☐ Please have anesthesia perform lumbar puncture
- ☐ Open & Closing Pressures
- ☐ Save All Fluid
- ☐ POC Glucose Pre-Procedure

CSF Studies

Tube 1:

- ☐ Cell Count with Differential Body Fluid ([] Collect in Tube #4 as well)

Tube 2:

- ☐ Total Protein CSF
- ☐ Glucose CSF

Tube 3:

- ☐ CSF Culture
- ☐ AFB Smear and Culture

Tube 4:

- ☐ CSF Meningitis
- ☐ CSF Varicella Zoster V DNA PCR
- ☐ Cytomegalovirus DNA Quant PCR
- ☐ Lyme Disease Abs IgG/IgM CSF
- ☐ Cryptococcus Ag Screen with Reflex
- ☐ Flow Cytometry
- ☐ HSV Type 1&2 DNA, Qual PCR
- ☐ Syphilis VDRL CSF
- ☐ Epstein-Barr Virus Quant PCR
- ☐ Oligoclonal Band IgG CSF
- ☐ Cytology, NON-GYN [PTH]
- ☐ West Nile
- ☐ Other _____

REQUIRED Prior Authorization Number: _____ [] pending [] Complete [] not needed*

*If not needed is chosen, date, time and name of person at health insurer who authorized.

Date: _____ Time: _____ Name: _____

FAX completed order to Admitting Office at 207-474-9211

Provider signature _____ Date _____ time _____

Printed name _____

Orig: 3/25

Originator: Day Surgery

Label or
Patient name _____

Date of birth _____

Patient phone number _____