

Hawaii Pacific Health
 Kapi'olani Medical Center for Women and Children
 Physician Office Order Form

Requestor: _____

Date: _____

Physician Name: _____

Phone #: _____ Fax #: _____

DEL TO PHYSICIAN ADDRESS: _____

Please FAX request to HPH Supply Chain Management: Fax# **522-6910**

Phone #: 522-6911

*******PATIENT REGISTRATION FORMS - 130.8008241.65000 *******

Item #	Description	Order	Quantity	Item #	Description	Order	Quantity
*****MATERNITY MATERIALS*****				9041	PT ED-TOUR FOR CHILD SURGERY (cc)	_____	PK/100
9048	KIT BABY (MATERNITY PKT) (STK)	_____	EA/1	18823	ACS HISTORY PHYSICAL 1 OF 2 (cc)	_____	PK/250
*****PRINTED FORMS*****				43675	MY CHART WOMAN-BIKE RACK CARD(Obun)	_____	PK/100
7409	ACOG ANTEPARTUM RECORD 1-PART (STK)	_____	PK/25	20000	PATIENT BILL OF RIGHTS (HPH) (STK)	_____	PK/100
439	VOLUNTARY STERILIZATION (cc)	_____	PK/100	14857	PO-BLOOD PRODUCTS ORDER (cc)	_____	PK/100
19423	CONSENT- TRANSFUSION/BB PROD-WC (cc)	_____	PK/50	29916	PO-PATIENT CARE ORDERS (STK)	_____	PK/100
8075	INPATIENT SURGERY/ADMISSION FACT (cc)	_____	PK/25	484	PREADMINS F/AM SURG ADMS/NC-191 (cc)	_____	PK/100
485	MED RCD, HIST & PHYS ADULT, KMCWC (cc)	_____	EA/1	299823	PREOPERATIVE HIST AND PHYSICAL (cc){	_____	PK/100
543	OUTPATIENT SURG INSTR-ADULT 27306 (cc)	_____	PK/100	8084	PRE-REGISTRATION FORM (Obun)	_____	PK/100
27036	OUTPATIENT SURGERY INSTRY-PED (cc)	_____	PK/25	528	PROGRESS NOTES (cc)	_____	PK/100
28874	ANES REC PREANES ADLT (cc)	_____	PK/25	539	REQUEST FOR CONSULTATION (cc)	_____	PK/100
		_____	PK/25	546	SHORT TERM ADMISSION (STK)	_____	PK/100
				*****SURGERY PACKETS*****			
				299824	SURGICAL PACKET ADULT KMCWC (STK)	_____	EA/1
				299832	SURGICAL PACKET PEDIATRIC KMCWC (STK)	_____	EA/1

*******FAMILY BIRTH CENTER - 130.110619.65000*******

107254	FORM CT CONT IV SITE ASSES (cc)	_____	PK/100
107255	FORM C SECTION (cc)	_____	PK/100

*******WOMEN'S CENTER FORMS - 110.8008316.65000*******

16159	BROCHURE, BREAST BIOPSY (cc)	_____	PK/20	26634	GYN ULTRASOUND REFERRAL (cc)	_____	PD/25
16011	BROCHURE, LYMPHEDEMA (STK)	_____	PK/20	33397	Phys Req Breast,Ultrasound Dexa (cc)	_____	PK/100
		_____	PK/20	16008	PHY REQUEST FOR BREAST CTR SVC (cc)	_____	PK/100

*******DIAGNOSTIC IMAGING FORMS - 130.1107055.65000*******

31199	COMPUTED TOMOGRAPHY (cc)	_____	PK/25	19018	Imaging OP Procedure Req (cc)	_____	PK/100
7559	DIAG IMAGE CONTRAST DRUG ADMIN (cc)	_____	PK/100	16315	MRI REQUISITION (cc)	_____	PK/20
8601	IMAGING SERVICES REQUEST (cc)	_____	PK/25	13518	SEDATION RECORD PM (cc)	_____	PK/25

*******SURGERY FORMS - 130.1106210.65000*******

440	CONSENT FORM GENERAL (cc)	_____	PK/50	25275	HYSTERECTOMY ACKNOWLEDGEMENT (STK)	_____	EA/1
13643	CTO-VAGINAL DELIVERY (cc)	_____	PK/100	25276	STERILIZATION CONSENT FORM (STK)	_____	EA/1
				6469	SURGICENTER ASSESSMENT (cc)	_____	PK/100

*******FETAL DIAG CENTER FORMS - 130.1107042.65000*******

26590	FDC REFERRAL FORM (cc)	_____	PK/100
26634	GYN ULTRASOUND REFERRAL	_____	PK/50
	(cc)		

COMMENTS:
