



Brookings Health System

Lab Order Form

Phone: (605) 696-8048 Fax: (605)696-8805

Date: _____

Clinic Name: _____
Patient Name: _____ Address: _____
Diagnosis: _____
SSN: _____ DOB: _____ Primary Physician: _____
Last Dose (for drug levels - date & time): _____
Collection Date: _____ Time: _____ Initials: _____
Physician Signature: _____ Date/Time: _____

Table with 3 columns: Patient Information Section, Chemistry Continued, Hematology Continued. Includes sub-sections like Blood Bank, Chemistry, Coagulation, Hematology, Body Fluids, Microbiology, Serology/Misc Testing, Urinalysis, and Other Testing.