

PATIENT'S LAST NAME		FIRST	M.I.	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	MAIDEN NAME	SOCIAL SECURITY NUMBER
ADDRESS			CITY	STATE	ZIP	TELEPHONE
LANGUAGE SPOKEN	INTERPRETER SERVICES <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE, IF BY APPOINTMENT	TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	STATUS OF TESTS TO BE PERFORMED <input type="checkbox"/> PRE-ADMISSION / PRE-SURGERY TESTING <input type="checkbox"/> OUTPATIENT		BIRTH DATE

TYPE OF SERVICE(S) REQUESTED

For appointment, Please call the appropriate number listed below:

**ADMITTING, OUTPATIENT,
AMBULATORY CARE REGISTRATION**

(Located at rear entrance to hospital by blue awning)

(617) 376-5343 ~ Fax (617) 376-1605

Please Fax departments directly

- Ambulatory Care Unit
617-376-5550 ~ Fax 617-376-5554
- Rehabilitation Services
617-376-5300 ~ Fax 617-376-1637
- Respiratory Care/Pulmonary ABG PFT
617-376-4174 or 617-376-4170 Complete PFT
Fax 617-376-1643 _____
- Laboratory (See Reverse Side)
Open Monday through Friday 7 a.m. - 8 p.m.
Saturday, Sunday and Holidays 8 a.m. - 4 p.m.
No Appointment Necessary

**RADIOLOGY / PRE-SURGICAL
TESTING REGISTRATION**

(Located at rear entrance to hospital by blue awning)

(617) 376-4136 ~ Fax (617) 376-1631

- Cardiac Rehabilitation
 - CT Scan
 - Diagnostic Radiology
 - Mammography
 - MRI
 - Ultrasound
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- Pre-Surgical Testing Fax (617) 376-1632

**CARDIOLOGY, EEG,
NUCLEAR MEDICINE**

(Located on 2nd floor B-Wing)

(617) 376-4040 ~ Fax (617) 376-1640

- EKG EEG Nuclear medicine
- Stress Test Holter Monitor
- Echocardiography Other _____

**IF YOU HAVE ANY QUESTIONS PLEASE RETURN
TO THE APPROPRIATE REGISTRATION AREA**

PROCEDURE(S) REQUESTED

DIAGNOSIS AND MEDICAL JUSTIFICATION FOR PROCEDURE OR TEST ORDERED

INSURANCE

APPROVAL NUMBER

SIGNATURE OF PHYSICIAN

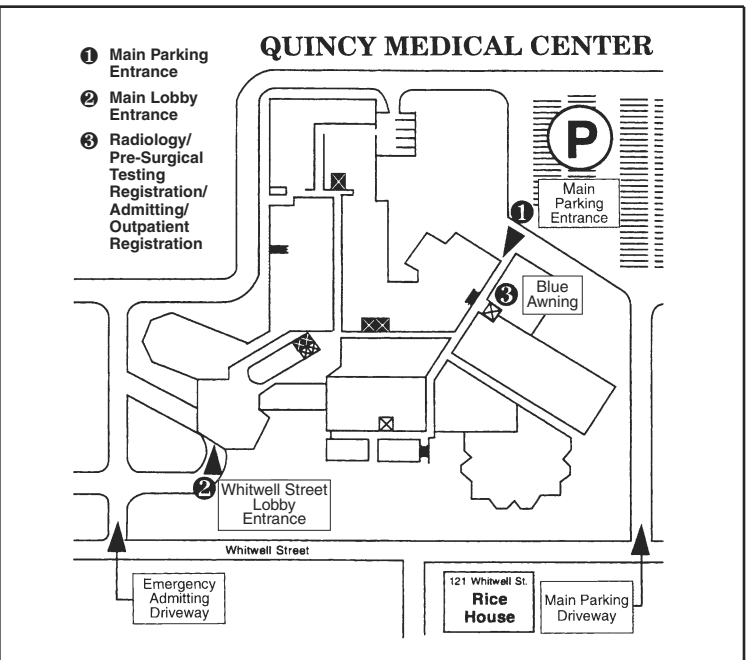
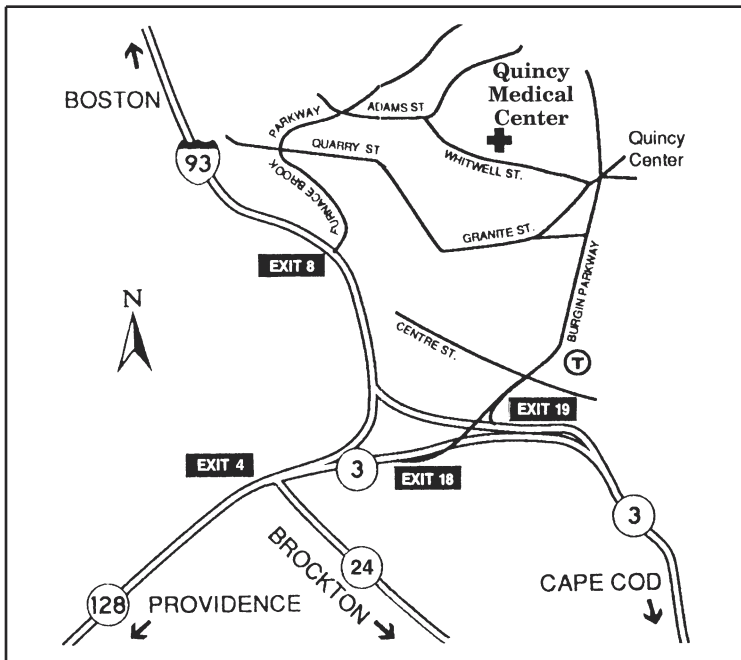
MASS HEALTH PHYSICIAN PROVIDER NUMBER

DATE

SEND COPY OF THIS REPORT TO:

WHEN GOING TO QUINCY MEDICAL CENTER FOR SERVICES:

- You should bring this form, your insurance cards and/or your insurance approval forms or your welfare card.
- Please arrive at the registration area 20 minutes prior to your appointment to allow for proper registration.
- If you do not have insurance, or you have questions about payment, please call a Quincy Medical Center Patient Account Representative at (617) 376-5349 or 376-2070. Full payment is expected at the time of service.
- Please remember, for the health and safety of our patients, visitors and employees, there is no smoking in the buildings or on the grounds of QMC.



DIRECTIONS TO QUINCY MEDICAL CENTER

From North or South on the Southeast Expressway (I-93); Take the Southeast Expressway (1-93) to Furnace Brook Parkway (Exit 8). Follow Furnace Brook Parkway toward Quincy Center. At the third set of lights, turn right onto Adams Street, proceed on Adams Street for about 1/2 mile and turn right onto Whitwell Street. The hospital is at the top of the hill. The main parking entrance is the second entrance on the left. Park in the visitor area in the rear of the hospital.

Going South on Route 3: (Exit 18 - Washington Street / Quincy Center)

Going North on Route 3: (Exit 19 - "T Station" / Quincy Center)

Follow the signs on the exit toward "T Station"/ Quincy Center. You will be on Burgin Parkway. At the fourth set of lights, turn left at Star Market. At the next light, turn right onto Granite Street. The first left is Whitwell Street. The hospital is at the top of the hill and the main parking lot is the first entrance on the right. Park in the visitors area in the rear of the hospital.

PROFILES

BMP	BASIC METABOLIC PNL	LFT	LIVER FUNCTION	LPT	LIPID PROFILE		
CMP	COMP METABOLIC PNL	HS	HEPATITIS SCREEN	PNS	PRENATAL SCREEN		

THERAPEUTIC DRUGS

DIG	DIGOXIN	LITH	LITHIUM	THEO	THEOPHYLLINE	DEP	VALPROIC
PTN	DILANTIN	PHNO	PHENOBARBITOL	TEG	TEGRETOL		

CHEMISTRY

AFPTM	AFP	B12FOL	BI2-FOLATE	FBS	GLUCOSE (FASTING)	MAA	MICROALBUMIN
ANA	ANA	CEA	CEA	GTT	GLUCOSE TOLERANCE	PSA	PROSTATIC SPECIFIC AG
AMY	AMYLASE	CHOL	CHOLESTEROL	GLYA1	GLYCOSOLATED HGB	TT3	T3, TOTAL
HCGQL	BETA SUB QUAL	CRE	CREATNINE	IRON	IRON + IBC	FT4	T4, FREE
HCGQT	BETA SUB QUANT.	CA	CALCIUM	LYT	LYTES	TSH	TSH
BUN	BUN	GLU	GLUCOSE (RANDOM)	BUCLRY	LYTES, BUN, CREAT	TRIG	TRIGLYCERIDE

HEMATOLOGY

CBC	CBC	ESR	SEDRATE	PTT	PTT	PLT	PLATELET COUNT
CBCD	CBC+AUTO DIFF	PT	PRO-TIME	RET	RETIC COUNT	HH	HGB + HCT

UA	URINALYSIS	UAM	UA + MICROSCOPE	HCGU	URINE PREGNANCY		
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MICROBIOLOGY

SOURCE:		URCU	URINE CULTURE	VIRCU	VIRAL CULTURE	THCU	THROAT CULTURE
BLDC	BLOOD CULTURE	WDCU	WOUND CULTURE	SPTCU	SPUTUM CULTURE	CHLCU	CHLAMYDIA
STCU	STOOL CULTURE		OTHER CULTURE	OP	OVA + PARA	CDIF	CDIFF

COMMENTS/ADDITIONAL TESTS