

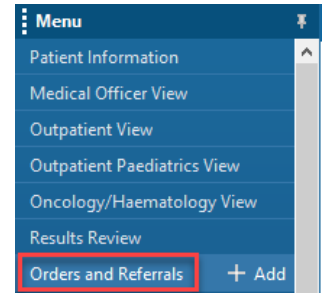
Printing – Requisition Forms



This Quick Reference Guide will explain how to:

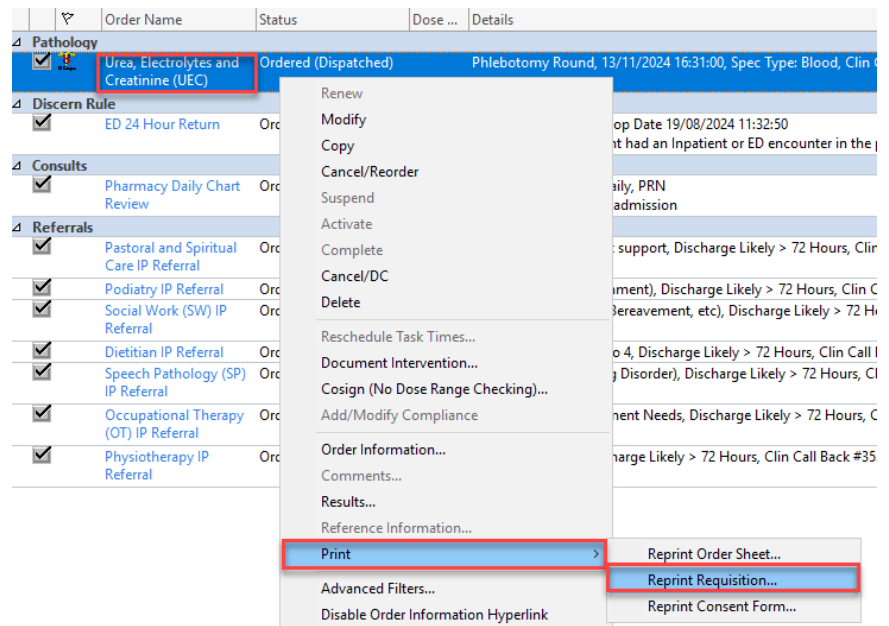
Reprint requisition forms for Pathology and Radiology orders from PowerChart and FirstNet.

1. From the patient's chart, select **Orders and Referrals** page.

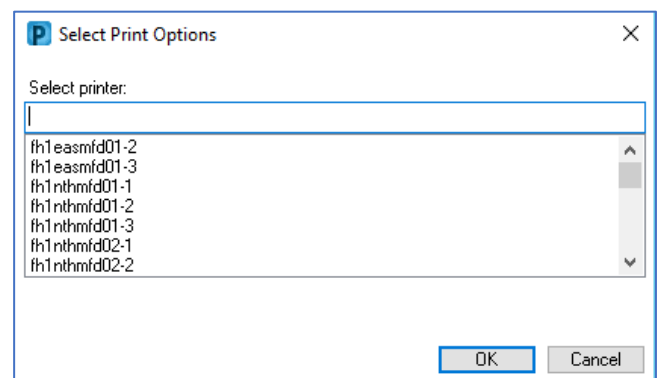


2. Locate the pathology or radiology order you need.

- a. Right-click on the order.
- b. Hover over **Print**.
- c. Click on **Reprint**
Requisition... option.



3. Select Printer Option window displays.
Select the printer from the drop-down menu.
4. Click OK.





- Once printed, sign and date the 'Requesting Medical Officer' field on the printed form.

		PATHOLOGY REQUEST PH: (03) 9244 0472 Bacchus Marsh Hospital – Grant St, Bacchus Marsh Footscray Hospital – Gordon St, Footscray Melton Hub – Barriess Road, Melton West Sunshine Hospital – Furzing Road, St Albans Sunbury Hospital – Macedon St, Sunbury Williamstown Hospital – Railway Crescent, Williamstown Western Health Switchboard: (03) 8345 6666																																					
Hospital: WHS Bacchus Marsh Hospital Address: 29 – 35 Grant Street Bacchus Marsh Victoria 3337																																							
Pathology																																							
Visit No: 21004522 Patient: Altman, Teddy Train1 DOB: 13/05/1982 Age: 42 Years Sex: Femal Location: BM MSU/R01/B01		UR No: WHS300001 																																					
Address: 1900 JD Anderson Dr Morgantown 26505 Medicare No: Requesting Provider: Provider No: Electronically signed by: Clinical Information: Pneumonia		DVA No: Health Fund: Request Due to be Performed: 13/11/2024 16:31 Account Class: Public: Eligible Fasting: No																																					
Copy Results to:																																							
Accession No: 36-24-318-2000A		Order Id: 2326280627																																					
Urea, Electrolytes and Creatinine (UEC)		Collection Priority: Phlebotomy Round, ADD ON (If Yes, Print Requisition): No, Specimen type: Blood																																					
Number of Test(s) requested on page is: 1/1																																							
Collector's Declaration: I certify that the blood/specimen(s) accompanying this request was collected from the patient named above and I established the identity of this patient by direct inquiry and/or inspection of wrist band, and immediately upon collecting the blood/specimen(s) I labeled the blood/specimen(s)																																							
Collector's Name (Print): _____		Signature: _____																																					
Lab Use Only:		Initials: _____																																					
Collection Date: _____		Collection Time: _____																																					
<table border="1"> <tr> <td>EST A</td> <td>SER</td> <td>HEP</td> <td>CITR</td> <td>ESR</td> <td>FLU</td> <td>ACD</td> <td>GAS</td> <td>BCUL</td> <td>TISS</td> <td>URI</td> <td>SWAB</td> <td>CSF</td> <td>FLUID</td> <td>SPUT</td> <td>FAEC</td> <td>BWA</td> <td>OTHER</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				EST A	SER	HEP	CITR	ESR	FLU	ACD	GAS	BCUL	TISS	URI	SWAB	CSF	FLUID	SPUT	FAEC	BWA	OTHER																		
EST A	SER	HEP	CITR	ESR	FLU	ACD	GAS	BCUL	TISS	URI	SWAB	CSF	FLUID	SPUT	FAEC	BWA	OTHER																						
Billing Status: Public/Private/Overseas Outpatient/Inpatient TAC/Workcover																																							
Medicare Assignment Form: (Section 20A of the Health Insurance Act 1973) I assign my right to the approved pathology Practitioner who will render the requested pathology services(s)		Patient Status: Private patient in a private hospital or approved day hospital Y N Private patient in a recognised hospital Y N Public patient in a recognised hospital Y N Outpatient of a recognised hospital Y N Practitioner's List only Reason patient cannot sign:																																					
Patient Signature: _____ Date: _____		For External Provider Requesting Medical Officer Signature: _____ Date: _____																																					
Privacy Note: The information provided will be used to assess any Medicare benefits payable for the services rendered and to facilitate the proper administration of the government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Dept of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.																																							