



OUTPATIENT PHYSICIAN'S ORDERS  
FOR TRANSPLANT LAB, PROCEDURES,  
OR TREATMENT

26106

- Main Campus
- Fairlane Center
- W. Bloomfield
- Sterling Heights
- Lakeside
- \_\_\_\_\_

<input type="checkbox"/> Clinic Visit _____
<input type="checkbox"/> Call H _____
W _____
<input type="checkbox"/> Letter _____
<input type="checkbox"/> _____
_____
Follow-Up Date

MRN

NAME

DATE

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

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DOCTOR CODE

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ICD-9 CODE