Quincy Medical Center
A STEWARD FAMILY HOSPITAL
Steward

114 Whitwell Street
Quincy, MA 02169
Tel. (617) 773-6100
Fax (617) 376-1605

PRE-ADMISSION/OUTPATIENT REFERRAL FORM

PATIENT'S LAST NAME	FIRST	M.I.	SEX ❑ MALE ❑ FEMALE	MAIDEN NAME	SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP		TELEPHONE

LANGUAGE SPOKEN	INTERPRETER SERVICES ❑ YES ❑ NO	DATE, IF BY APPOINTMENT	TIME ❑ A.M. ❑ P.M.	STATUS OF TESTS TO BE PERFORMED ❑ PRE-ADMISSION / PRE-SURGERY TESTING ❑ 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

- ❑ 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

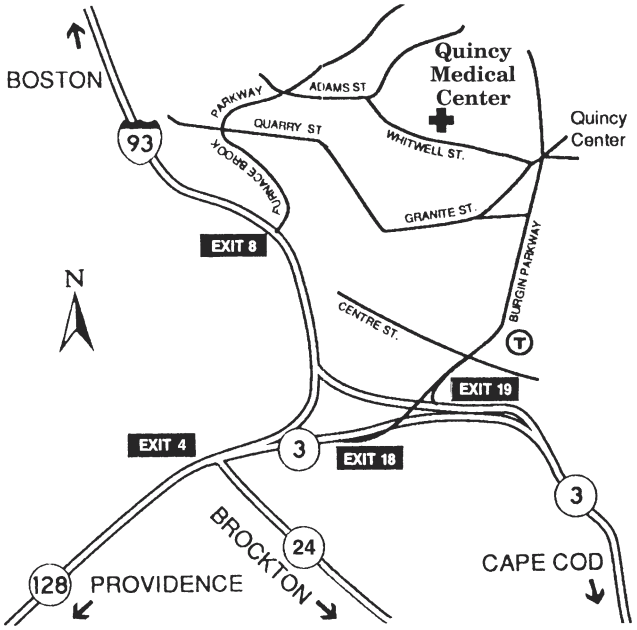
INSURANCE	APPROVAL NUMBER	
SIGNATURE OF PHYSICIAN	MASS HEALTH PHYSICIAN PROVIDER NUMBER	DATE

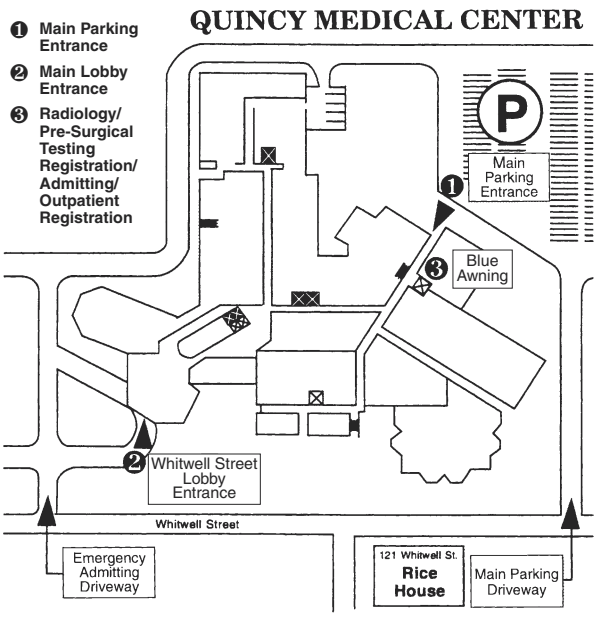
SEND COPY OF THIS REPORT TO:

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.

SEE OTHER SIDE FOR DIRECTIONS AND MEDICAL CENTER MAP.





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)	BUCRLY		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			
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