



UHNBC Peritoneal Dialysis Clinic – All sites

Peritoneal Dialysis Standing Orders

Last Name:		
First Name (Preferred Name):		
Encounter number:	NH Number:	Chart Created: Y/N
Date of Birth:	Gender:	Age: Encounter Type:
Responsibility for Payment:		PHN:
Primary Care Physician/Attending Physician:		
PATIENT LABEL		

Peritoneal Dialysis Clinic

Address: 1475 Edmonton St. Prince George, BC. V2M 1S2

Phone: (250) 565-2111 | Fax: (250) 565-2530

Ordering Practitioner: See checked box in table below.

Bill to: MSP Patient Other

Patient's Phone Number: _____

Practitioners working in Kidney Care Clinic
(PDCs: Include name, MSP #, address & phone # for each ordering practitioner. May use address & phone # of PDC if results to go to PDC).

	Practitioner Name	MSP#	Address	Phone		Practitioner Name	MSP#	Address	Phone
<input type="checkbox"/>	Dr K Bashir	26054	1475 Edmonton St. Prince George, BC V2M 1S2	250 565-2111	<input type="checkbox"/>	Dr A Singh		1475 Edmonton St. Prince George, BC V2M 1S2	250 565-2111
<input type="checkbox"/>	Dr F Din	63580	1475 Edmonton St. Prince George, BC V2M 1S2	250 565-2111	<input type="checkbox"/>	Promis Renal			

Additional copies to (maximum of 3 requests):

FP/NP: _____ MSP #: _____ Other: _____ MSP #: _____

Other: _____ MSP #: _____

Laboratory Work (✓ applicable boxes)	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CBC + Automated Diff.												
Na ⁺ , K ⁺ , Cl ⁻ , Bicarbonate, Urea, Creat/GFR												
Glucose <input type="checkbox"/> Fasting												
Albumin												
Ca ²⁺ ,												
PO ₄												
Ferritin												
Serum Iron, TIBC, Iron Saturation												
Uric Acid												
Bilirubin Total and Direct												
Alk Phos												
AST												
ALT												
GGT												
LDL, HDL, Cholesterol, Trig <input type="checkbox"/> Fasting												
HgbA1C (Q3 mo if diabetic)												
iPTH (monthly if on Sensipar or Cinacalcet)												
Anti HBs												
HBsAg												
Anti HBc												
HCV												
Other (please specify)												

Date Referring: _____ **Practitioner's Signature:** _____



