(place patient label here) Patient Name: (√)- Check orders to activate; Orders with pre-checked box ☑ will be followed unless lined out. Initial each place in the pre-printed order set where changes such as additions, deletions or line outs have been made Initial each page and Sign/Date/Time last page	BENEFIS HEALTH SYSTEM Benefis HOSPITALS
Diagnosis:	PROVIDER ORDERS
Allergies with reaction type:	
Thoracentesis-Preprocedure	Version 2 3/24/14
General ☑ Order for procedure: Specific Procedure: Thoracentesis Date of Procedure:	greater than 90%
□ XR Chest Single now Reason for exam:□ XR Chest PA and Lateral now Reason for exam:	
IR Miscellaneous □ Reason for exam:	
Additional Instructions: Specific Procedure Requested: thoracentesis of	