



**Ordering Form for Lumbar Puncture by Anesthesia**

Procedure Date: \_\_\_\_\_

Diagnosis (ICD-10 Code): \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Requesting Physician: \_\_\_\_\_

Physician Contact Number: \_\_\_\_\_

**Procedure Requested - CPT Code:**

Lumbar Puncture

Lumbar Puncture for Neurotransmitters

**Opening/Closing Procedures:**

Request opening pressure  
If elevated above \_\_\_\_\_ decrease to \_\_\_\_\_  
\*(volume parameters must be completed by ordering physician)

No drainage Needed

**CSF Lab Orders:**

CSF Glucose

Culture CSF with smear

CSF Protein

Cell count with differential

Other: \_\_\_\_\_

Blood Lab Orders: \_\_\_\_\_

**\*Send out lab forms (Baylor and Mayo forms) need to be COMPLETED and signed by MD.\***

**Anticoagulants:**

No

Yes - Drug Name: \_\_\_\_\_  
Last Dose: \_\_\_\_\_

**HX of Coagulopathy:**

No

Yes - Explain: \_\_\_\_\_

**DX Study:** Brain MRI / Head CT (Imaging study must be completed within the last 3 months)

WNL

Abnormal - Explain: \_\_\_\_\_

**Please fax LP ordering form with procedure scheduling form and any sent out lab forms to the Pediatric Scheduling Office.**

**FAX: 512-310-5527 Phone: 512-324-0126**

**\*\*\* Signature below indicates clearance has been given by ordering physician for LP procedure \*\*\***

MD Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_