MR # DOB

NAME

DATE

BASSETT HEALTHCARE NETWORK

POINT OF CARE BODY EYE pH (POC 120)

H-1033 1/13;10/14 (d:\forms\hosp\.ofm)

BASSETT HEALTHCARE NETWORK

Location/Health Center ____________________

Address: ____________________

____

Test Date: ____________________ Test Time: ______________ Tech Initials: __________

Body Fluid pH:

Patient Result: ______________

Reference Range:

Tears that lubricate the eye have a pH 7.3-7.7

Provider Order Signature: ______________________________ Provider #: _______ Date: ____________ Time: ________

Provider Review Signature: ______________________________ Provider #: _______ Date: ____________ Time: ________

LABORATORY Point of Care