MR # DOB

NAME

DATE

112245

BASSETT HEALTHCARE NETWORK
Cooperstown, NY 13326-1394

POINT OF CARE COVID
H-11224 9/20 (d:\forms\hosp\.doc)

BASSETT HEALTHCARE NETWORK

Location/Health Center _____

Address: _____

_____

Test Date: _____ Test Time: _____ Tech Initials: _____

Covid Test Result: _____

Reference Range:

Negative

Provider Order Signature: _____ Provider #: _____ Date: _____ Time: _____

Provider Review Signature: _____ Provider #: _____ Date: _____ Time: _____

LABORATORY Scanned

White – Chart; **Yellow** - Coder