

MR #

DOB

NAME



BASSETT HEALTHCARE NETWORK
Cooperstown, NY 13326-1394

POINT OF CARE ID-NOW
H-11224 9/20;1/24 (d:\forms\hospl.doc)

DATE

BASSETT HEALTHCARE NETWORK

Location/Health Center _____

Address: _____

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

SELECT TEST

Covid Test Result: _____

Reference Range:

Negative

Group A Strep Result: _____

Reference Range:

Negative

Flu A&B Result: _____

Reference Range:

Negative

RSV Result: _____

Reference Range:

Negative

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

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