Memorial Hermann Health System
Outpatient Paracentesis Referral Order

Date: ____________________

Patient Name: ____ DOB: ____________________

Patient Diagnosis: ____

Primary Care Physician: ____

PCP Clinic Phone Number: ___________________________

Outpatient Paracentesis Order: ____

Start Date: _______________ End Date: _________________

Frequency: Every 7-14 days or as determined by Interventional Radiologist

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Signature	Physician Print Name	NPI/MHHS ID.	Date	Time ☐ AM ☐ PM	Contact No.

☐ Memorial Hermann Greater Heights
1635 North Loop West
Houston, Texas 77008

☐ Memorial Hermann Southwest
7600 Beechnut Street
Houston, Texas 77074

MEMORIAL HERMANN

Outpatient Paracentesis
Referral Order

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