

**FAX this form to: 913-264-9929**

## RESPIRATORY OUTPATIENT CLINIC ORDER

**Diagnosis:** BRONCHIOLITIS

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

**DOB:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

**This prescription is for patient to receive:**

☐ Nasal and/or nasal-pharyngeal suctioning PRN x 7 days.

\_\_\_\_\_  
Referring Provider (print name)

\_\_\_\_\_  
Referring Provider (signature)

Office Fax: \_\_\_\_\_

Office Phone: \_\_\_\_\_

☐ Suctioning is available in my office during office hours for patient follow up from the ROC.

☐ Please contact me if patient is unable to be discharged from the outpatient clinic.

**NOTE: Children should not eat 1 hour before arriving to the ROC.**

## ROC Locations

**Children's Mercy Hospital Kansas (Available 24-hours a day, no appointment necessary.)**

5808 W. 110th  
Overland Park KS 66211

**Urgent Care Locations (By Appointment Only)**

Available weekdays Noon – 10 p.m.; weekends 10 a.m. – 8 p.m.

Children's Mercy Blue Valley  
6750 West 135th Street  
Overland Park, KS 66223

Children's Mercy East  
20300 East Valley View Parkway  
Independence, MO 64057

Children's Mercy Northland  
501 NW Barry Road  
Kansas City, MO 64155

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