MR # DOB

NAME

DATE

8510

BASSETT MEDICAL CENTER
Cooperstown, NY 13326-1394

POINT OF CARE KOH PREP

H-8510 9/08;11/12;10/14 (d:\forms\hosp\.ofm)

BASSETT HEALTHCARE NETWORK

Location/Health Center _____

Address: _____

_____

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

KOH Result:

☐ No yeast/hyphal elements seen
☐ Hyphal elements seen
☐ Yeast seen

Quant:
☐ Rare ☐ Few ☐ Moderate ☐ Many

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

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

POINT OF CARE KOH Prep