

# KOH Fungal Prep POC Form

PATIENT INFORMATION	
Last Name	First Name
Date of Birth	MRN

ORDER INFORMATION	
Ordering Provider	Performed By
Documented By	Performing Location
Date Performed	Time Performed

KOH Fungal Prep POC RESULTS		
KOH Fungal Prep Result:	<input type="checkbox"/> Negative <input type="checkbox"/> Positive for fungi <input type="checkbox"/> Positive for hyphae <input type="checkbox"/> Positive for pseudohyphae	<input type="checkbox"/> Positive for spores <input type="checkbox"/> Positive for yeast