

**PATIENT INFORMATION**

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Primary Phone Number: _____ Patient Email: _____

Name of Insurance Provider/ Group #/ ID #: _____

Pre-Certification: ☐ Not Required ☐ In Progress ☐ Completed Pre-Cert/ Authorization #: _____ Cash Pay: ☐**REASON FOR TEST****REASON FOR THE TEST MUST BE GIVEN. (Please DO NOT USE "Rule Out or "Possible/Probable")**

• ICD codes AND diagnostic information must be provided for EACH test ordered.

Outpatient Testing or Procedure Order: _____

Reason/ Diagnosis: _____

ICD Code(s): _____

ORDER/ RESULTSRequested Test Date: _____ ☐ ROUTINE at patient's convenience ☐ URGENT w/in 48 hours ☐ STAT

If Contrast Study: Creatinine: _____ GFR: _____ Date: _____

CT ☐ Oral Contrast ☐ W/ IV Contrast ☐ W/O IV Contrast ☐ W/ and W/O IV Contrast ☐ CTA	☐ Abdomen ☐ Head/Brain ☐ Orbits ☐ Extremity (specify): _____ ☐ Other (specify): _____ ☐ Aorta ☐ Lumbar Spine ☐ Pelvis ☐ Cervical Spine ☐ Maxillofacial ☐ Sinus ☐ Chest ☐ Neck (Soft Tissues) ☐ Thoracic Spine ☐ L ☐ R ☐ Bilat.
MRI ☐ W/O Contrast ☐ W/ Contrast	☐ Abdomen (specify): _____ ☐ Brain ☐ Coccyx ☐ Orbits ☐ Extremity (specify): _____ ☐ Other (specify): _____ ☐ Kidneys ☐ Carotid ☐ IACs ☐ Pelvis ☐ Liver ☐ MRCP ☐ Cervical Spine ☐ Lumbar Spine ☐ Sacrum ☐ Chest ☐ Neck (Soft Tissues) ☐ Thoracic Spine ☐ L ☐ R ☐ Bilat.
ULTRASOUND	☐ Abdomen Complete ☐ Abdomen Limited ☐ Venous Doppler ☐ Arterial Doppler ☐ Other (Specify): _____ ☐ Gall Bladder ☐ Pelvic Other (Specify): _____ ☐ Kidney ☐ Liver ☐ Extremity: _____ ☐ Extremity: _____ ☐ L ☐ R ☐ R
X-RAY	☐ Other (specify): _____

PHYSICIAN INFORMATION

Last Name: _____ First Name: _____ NPI#: _____

Practitioner's Email: _____

Practitioner's Phone Number: _____ Practitioner's Fax Number: _____

Practitioner's Signature: _____ Date: _____

Notice: Starkey Ranch ER & Hospital is unable to bill Medicare, Medicaid, and Tricare for services rendered.PRIVACY/CONFIDENTIALITY NOTICE REGARDING PROTECTED HEALTH INFORMATION: This document contains protected health information that is privileged, confidential, and otherwise exempt from and protected from disclosure under applicable laws, including the Health Insurance Portability and Accountability Act. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering it to the intended recipient, you are hereby notified that you have received this information in error and that any review, dissemination, distribution, copying, or action taken in reliance on the contents of this communication is strictly prohibited. If you have received this document in error, please destroy it immediately.