ALEXANDRIA EMERGENCY HOSPITAL

REQUEST FOR OUTPATIENT SERVICES

5900 Coliseum Blvd, Alexandria, LA 71303
Phone: 318-386-8110 • Fax: 318-386-8107

PATIENT INFORMATION

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

Date of Birth: _____ **Primary Phone Number:** _____

Name of Insurance Provider/ Policy #: _____

Pre-Certification: ☐ **Not Required** ☐ **In Progress** ☐ **Completed** **Pre-Cert/ Authorization #:** _____

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/ RESULTS *Orders are valid for 90 days.

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

Results: ☐ **Fax Results:** _____ ☐ **Call Results:** _____ ☐ **Hold patient for results & give images**

IF CONTRAST REQUIRED FOR EXAM

Creatinine (< 6 Weeks): _____ **GFR:** _____ **Date:** _____ ***If recent lab values are unavailable, we can perform at our facility***

X-RAY

☐ Other (specify): _____

_____

CT

☐ Oral Contrast
☐ W/ IV Contrast
☐ W/O Contrast
☐ W/ and W/O IV Contrast

☐ Head/Brain ☐ Neck (Soft Tissues) ☐ Chest
☐ Sinus ☐ Cervical Spine ☐ Abdomen/ Pelvis
☐ Lumbar Spine ☐ Thoracic Spine ☐ Pelvis (Bony)
☐ Extremity (specify): ☐ L ☐ R ☐ Bilat. _____
☐ Other (specify): _____

MRI

☐ W/O Contrast
☐ W/ and W/O IV Contrast

☐ If Claustrophobic

☐ Brain MRI ☐ Orbits ☐ Hand L/R ☐ Foot L/R
☐ Cervical Spine ☐ Shoulder L/R ☐ Hip L/R
☐ Thoracic Spine ☐ Elbow L/R ☐ Knee L/R
☐ Lumbar Spine ☐ Wrist L/R ☐ Ankle L/R
☐ Other (specify): _____

ULTRASOUND

☐ Other (specify): _____

PHYSICIAN INFORMATION

Referring Practitioner: First/ Last Name: _____ **NPI#:** _____

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

Practitioner's Signature: _____ **Date:** _____

Notice: Alexandria Emergency Hospital is unable to bill Medicare and Medicaid for services rendered.