Methodist Le Bonheur Healthcare

PHYSICIAN OUTPATIENT ORDER FORM

Centralized Scheduling Phone: 901-516-9000
Toll free fax: 855-389-2521

For Hospital Use Only

	FAX NUMBERS
❑ GERMANTOWN	901-516-4900
❑ Germantown Breast Center	901-516-4900
❑ Germantown Radiology Center	901-516-4900
❑ NORTH	901-516-4900
❑ North 3950 Building Radiology Center	901-516-4900
❑ LE BONHEUR	901-937-3335
❑ SOUTH	901-516-4900
❑ UNIVERSITY	901-516-4900
❑ Methodist Diag Center – Union Ave	901-516-4900
❑ OLIVE BRANCH	662-932-9105
❑ Methodist Diag Center – Southaven	662-932-9105

PATIENT INFORMATION:

LAST NAME (Required) _____ FIRST (Required) _____ M.I. _____

SEX _____ PHONE # _____ SS# (Required) _____ DATE OF BIRTH (Required) _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

CHIEF COMPLAINT / CLINICAL INFORMATION (Required) (Must Indicate Medical Necessity for **EACH SERVICE BEING REQUESTED** and any clinical information clarifying Medical Necessity)

❑ Creatinine if needed

Procedure(s) (Required) (Please Be Specific)	ICD10 or CPT	Pre-Cert Number(s)

Insurance Subscriber_____ ID#_____ Group # _____

Procedure Date	Sched. Time	Arrival time (if different than Sched. Time)

Instructions to Patient (Complete **ONLY** if you wish to write specific instructions / preps to your patient)

ORDERING PHYSICIAN SIGNATURE (**MUST** be original signature — stamped or copied signature not acceptable)

Physician Name (Printed)		Date/Time of Signature	

Physician Phone # _____ Office Address _____

MLH ID # _____

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