POST FALLS ER & HOSPITAL

REQUEST FOR OUTPATIENT SERVICES

497 S. Beck Rd, Post Falls, ID 83854
Phone: 208-618-6911 • Fax: 208-618-7887

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

X-RAY

☐ Other (specify): _____

CT

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

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

MRI

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

☐ Carotid MRA ☐ Brain MRI ☐ Pelvis ☐ Coccyx
☐ Brain MRA ☐ Neck (Soft Tissues) ☐ Sacrum ☐ IACs
☐ Lumbar Spine ☐ Cervical Spine ☐ Foot L/R ☐ Wrist L/R
☐ Thoracic Spine ☐ Shoulder L/R ☐ Hand L/R ☐ Knee L/R
☐ Orbits ☐ Elbow L/R ☐ Hip L/R ☐ Ankle L/R
☐ If Claustrophobic ☐ Upper Arm Non-Joint L/R ☐ Lower Arm Non-Joint L/R
☐ Upper Leg Non-Joint L/R ☐ Lower Leg Non-Joint L/R
☐ Other (specify): _____ Creatinine: _____ GFR: _____ Date: _____

☐ Abdomen (specify): ☐ Liver ☐ Kidneys ☐ MRCP

ULTRASOUND

☐ Other (specify): _____

PHYSICIAN INFORMATION

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

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

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

Notice: Post Falls ER & Hospital is unable to bill Medicare, Medicaid for services rendered.

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