

# Request for Outpatient Services



East Valley ER & Hospital  
5656 S Power Rd,  
Gilbert, AZ 85295

## 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.

- ICD codes AND diagnostic information must be provided for EACH test ordered.
- Please DO NOT USE "Rule Out" or "Possible/Probable?"

## Outpatient Testing or Procedure Order

Reason/Diagnosis

ICD Code(s)

## Order/ Results

Requested Test Date:

ROUTINE at patient's convenience  URGENT w/in 48 hours  STAT

Date:

- Orders are valid for 90 days.

Results:  Fax results  Call results

Hold patient for results send images with patient

## Physician Information

Referring Practitioner: Last Name First Name NPI #

Practitioner's Phone Number Practitioner's Fax Number

Practitioner's Signature Date