

# Request for Outpatient Services



**Tulsa ER & Hospital**  
717 W 71st ST S  
Tulsa, OK 73013  
Phone 918-517-6300

## Patient Information

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	
<b>Date of Birth</b>	<b>Primary Phone Number</b>		
<b>Name of Insurance Provider/ Policy #</b> _____			
<b>Pre-Certification:</b>	<input type="radio"/> <b>Not Required</b>	<input type="radio"/> <b>In Progress</b>	<input type="radio"/> <b>Completed</b>
<b>Pre-Cert/Authorization#</b> _____			

## 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

<b>Referring Practitioner:</b>	<b>Last Name</b>	<b>First Name</b>	<b>NPI #</b>
<b>Practitioner's Phone Number</b>	<b>Practitioner's Fax Number</b>		

**Practitioner's Signature**

**Date**

**Notice: Tulsa ER & Hospital is unable to bill Medicare or Medicaid for services rendered.**

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