



2502 NE Bob Bullock Loop Laredo, Texas 78045 Phone: (956) 791-3000 Fax: (956) 727-7828

## Request for Outpatient Services

### 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?"

Reason/Diagnosis

ICD Code(s)

### Order/ Results

Requested Test Date: Date:

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

• Orders are valid for 90 days.

Results:  Fax results to  Call results to

Hold patient for results send images with patient

Email

### Physician Information

Referring Practitioner: Last Name First Name NPI #

Practitioner's Phone Number Practitioner's Fax Number

Practitioner's Signature Date

See Next Page Test Menu

WE ARE OPEN 24 HOURS A DAY 365 DAYS A YEAR FOR YOUR OUTPATIENT NEEDS

WE ARE OPEN 24 HOURS A DAY 365 DAYS A YEAR FOR YOUR OUTPATIENT NEEDS

**Hematology**

- CBC No Diff
- CBC W/Diff
- PT INR

**Organ Disease Panels**

- BASIC METABOLIC PANEL
- COMP METABOLIC PANEL
- LIVER FUNCTION PANEL
- LIPID PANEL

**Individual Tests**

- QUANT B-HCG
- TSH
- FREE T4
- FREE T3
- T3 UPTAKE
- FERRITIN
- B12
- FOLATE
- IRON
- PSA
- LIPASE
- VIT B12
- ALCOHOL
- AMMONIA
- CK
- LACTATE
- LIPASE
- URIC ACID
- POTASSIUM
- SODIUM
- CHLORIDE
- CO2
- GLUCOSE
- BUN
- CREATININE
- HGB A1C
- CHOLESTEROL
- TRIGLYCERIDES
- D-DIMER

**Cardiac**

- CKMB
- TROPONI I
- NT-PROBNP

**Urine Tests**

- URINE ANALYSIS
- URINE HCG
- URINE DRUG SCREEN

**Microbiology/Serology**

- STREP A
- FLU A&B
- RSV
- RESPIRATORY PANEL (PCR)
- GI PANEL (PCR)
- MONO
- FECAL OCCULT BLOOD
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**RADIOLOGY TESTS**

- SKULL
- FACIAL
- SINUS
- CHEST ONE VIEW
- CHEST TWO VIEWS
- C-SPINE
- T-SPINE
- L-SPINE
- SHOULDER (RT)\_\_\_ (LT)\_\_\_
- HUMERUS (RT)\_\_\_ (LT)\_\_\_
- ELBOW (RT)\_\_\_ (LT)\_\_\_
- FOREARM (RT)\_\_\_ (LT)\_\_\_
- WRIST (RT)\_\_\_ (LT)\_\_\_
- HAND (RT)\_\_\_ (LT)\_\_\_
- RIBS (RT)\_\_\_ (LT)\_\_\_
- ABDOMEN ONE VIEW
- ABDOMEN TWO VIEWS
- PELVIS
- HIP (RT)\_\_\_ (LT)\_\_\_
- FEMUR (RT)\_\_\_ (LT)\_\_\_
- KNEE (RT)\_\_\_ (LT)\_\_\_
- LOWER LEG (RT)\_\_\_ (LT)\_\_\_
- ANKLE (RT)\_\_\_ (LT)\_\_\_
- FOOT (RT)\_\_\_ (LT)\_\_\_

**OTHER:**

- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Computed Tomography**

- BRAIN
- NECK
- C-SPINE
- T-SPINE
- L-SPINE
- CHEST
- ABDOMEN
- ABDOMEN & PELVIS
- UPPER EXTREMITY\_\_\_\_\_
- LOWER EXTREMITY\_\_\_\_\_
- Contrast IV or PO
- \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**MRI**

- BRAIN
- CAROTID
- NECK
- C-SPINE
- T-SPINE
- L-SPINE
- ABDOMEN
- PELVIS
- KNEE
- UPPER EXTREMITY\_\_\_\_\_
- LOWER EXTREMITY\_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Ultrasound**

- Thyroid
- Abdomen
- Gallbladder
- Pelvic
- Trans Vaginal
- OB
- Upper extremity (RT)\_\_\_(LT)\_\_\_
- Lower extremity (RT)\_\_\_(LT)\_\_\_
- Vascular \_\_\_\_\_
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_