### OUTPATIENT ORDER FORM

**PHYSICIAN:** Tests preceded by **●** must be scheduled by your office. Call Centralized Scheduling 757-6565, unless otherwise indicated. Send form with patient or Fax to 757-6874.

**PATIENT:** Tests listed in bold face require preparation. If your physician did not give you instructions, call 757-6565 between the hours of 7:00 a.m. to 6:30 p.m. Monday through Friday.

#### RADIOLOGY
- ANKLE
- CERVICAL SPINE
- CHEST
- ELBOW
- FINGER (specify)
- FOOT
- HIP
- KNEE
- LUMBAR SPINE
- MAMMOGRAMS – DX
- MAMMOGRAM – SCREENING
- PELVIS
- SHOULDER
- SKULL
- THORACIC SPINE
- TOMOGRAMS OF
- WRIST
- OTHER
- BONE DENSITY

**COMMENTS**

#### CONTRAST STUDIES
- ARTHROGRAM OF
- COLON
- SPEECH ESOPHAGRAM/OROPHARYNGEAL SWALLOW STUDY
- GALLBLADDER
- IVP
- UPPER GI
- UPPER GI, SMALL BOWEL
- VENOGRAM OF
- MYEOGRAM OF
- ARTERIO/ANGIOGRAM OF
- OTHER

**COMMENTS**

#### ULTRASOUND
- GALLBLADDER
- UPPER ABDOMEN
- PELVIS
- OB
- BREAST
- OTHER

**COMMENTS**

#### CT SCANS
- HEAD W/O CONTRAST
- HEAD W/W/ O CONTRAST
- CHEST W/ O CONTRAST
- CHEST W/W/ O CONTRAST
- ABD/PELVIS W/ O CONTRAST
- ABDOMEN W/O IV CONTRAST
- PELVIS (BONY DETAIL) W/ O CONTRAST
- PELVIS (BONY DETAIL) W/ O CONTRAST
- LUMBAR SPINE W/ O CONTRAST

**COMMENTS**

#### MAGNETIC RESONANCE IMAGING
- BRAIN
- MRA
- HEAD
- NECK
- OTHER
- CHEST
- ABDOMEN
- SOFT TISSUE NECK
- SPINE
- CERVICAL
- THORACIC
- LUMBAR
- ANKLE
- ELBOW
- FOOT
- HIP
- SHOULDER
- WRIST
- OTHER
- PELVIS

**COMMENTS**

#### NUCLEAR MEDICINE
- THYROID UPTAKE & SCAN
- V Q SCAN
- MUGA
- WHOLE BODY BONE SCAN
- HIDA
- HIDA W CCK
- OTHER

**COMMENTS**

#### END

#### REGISTRATION/SERVICES IN ST. JOHN’S HOSPITAL PAVILION

**GASTROINTESTINAL DIAGNOSTIC AREA**
- EGD
- ESOPHAGEAL DILATATION
- COLONOSCOPY – DIAGNOSTIC
- COLONOSCOPY – SCREENING/SURVEILLANCE
- PROCTO SIGMOIDOSCOPY
- ERCP
- FLEXIBLE SIGMOIDOSCOPY
- GASTROSTOMY TUBE
- ACCESSORIES/CHANGES
- OTHER

**COMMENTS**

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When ordering tests for which Medicare reimbursement will be sought, physicians (or other authorized individuals) should order only those tests that are considered medically necessary for the diagnosis or treatment of a patient. Any physician who orders a test which may be determined to be medically unnecessary by the government may be subject to civil penalties as determined by that government agency. Appropriate ICD-9 diagnosis coding must be provided to document the necessity of testing required.

Dx/Symptom ICD-9 CM Code

Call Results:  
- YES  
- NO

Date:  
Time:  
M.D.  
Signature of Physician

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Rev. 12/2010

800 E. Carpenter Street · Springfield, Illinois 62769
### OUTPATIENT ORDER FORM

**OUTPATIENT REGISTRATION – ENTER THROUGH THE MAIN ENTRANCE, AT 9TH AND CARPENTER STREET**

**HOURS: 5:30 A.M. – 7:00 P.M. MONDAY THROUGH FRIDAY – WEEKENDS AND HOLIDAYS ENTER THROUGH ED**

**PLEASE ARRIVE 15 MINUTES PRIOR TO YOUR APPOINTMENT FOR REGISTRATION PROCESS**

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**Pt. Name: __________________________**

**D.O.B. __________ SS#: __________________________**

**Appointment Date: __________ Time: __________**

**Precertification #: __________________________**

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#### REHABILITATION  ICD–9–DX

- EVALUATION AND TREATMENT
- AQUATIC THERAPY
- CASTING

#### OCCUPATIONAL THERAPY  ICD–9–DX

- EVALUATION AND TREATMENT
- SPLINT FABRICATION
- CASTING

#### SPEECH THERAPY  ICD–9–DX

- EVAL AND TREATMENT
- SWALLOWING EVAL AND TREATMENT
- SPEECH ESOPHAGIAL OROPHARYNGEAL SWALLOW STUDY
- OTHER

#### RESPIRATORY THERAPY  ICD–9–DX

- NEBULIZER THERAPY
- CHEST PERCUSSION THERAPY / POSTURAL DRAINAGE

#### PHYSICAL THERAPY

- EVALUATION AND TREATMENT
- AQUATIC THERAPY
- CASTING

#### RENAL DIALYSIS  ICD–9–DX

- HOME DIALYSIS
- PERITONEAL DIALYSIS
- ULTRAFILTRATION
- OTHER

#### CARDIOVASCULAR  ICD–9–DX

- EKG
- ECHOCARDIOGRAM
- LOOPERING EVENT MONITOR
- NON-LOOPING EVENT MONITOR
- HOLTER MONITOR
- CARDIAC STRESS TEST
  - SPECIFY TYPE:
  - CAROTID ULTRASOUND
  - VENOUS DOPPLERS
  - SPECIFY EXTREMITY:
  - ANKLE/BRACHIAL INDEX
  - BIO-Z
  - OTHER

#### WOUND, OSTOMY, CONTINENCE  ICD–9–DX

- STOMA NURSE TO EVALUATE AND TREAT PRN
- OSTOMY APPLIANCES AND/OR ACCESSORIES PRN
- WOUND CARE NURSE TO EVALUATE AND TREAT PRN
- CONTINENT NURSE TO EVALUATE AND TREAT PRN
- BIOFEEDBACK
- ELECTRICAL STIMULATION
- URODYNAMICS
- UROFLOWMETERS
- OTHER

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**REGISTRATION/SERVICES PAVILION**

**BIRTH CENTER**  ICD–9–DX

- NST
- OCT
- OB ULTRASOUND
- OB PHYSICAL PROFILE
- LACTATION CONSULTATION
- OTHER

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When ordering tests for which Medicare reimbursement will be sought, physicians (or other authorized individuals) should order only those tests that are considered medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. Any physician who orders a test which may be determined to be medically unnecessary by the government may be subject to civil penalties as determined by that government agency. Appropriate ICD–9 diagnosis coding must be provided to document the necessity of testing required.

**Dx/SymptomICD9–CM Code1_________2_________3_________4_________**

**Call Results**

- YES
- NO

**Date:** __________  **Time:** __________  **M.D.**

**Signature of Physician**

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