Instruction Guide
Outpatient Order Forms

The following is a set of instructions for use of the Faith regional Health Services Outpatient Order forms. Please be sure that all criteria are appropriately filled out according to guidelines as defined below:

I.   GENERAL ORDER FORM GUIDELINES
   a)   Outpatient order form must be filled out for all outpatient tests that are ordered.
   b)   Laboratory requisition (3 part form) that is currently in place will be available for continued use.
   c)   If you have Cardiopulmonary, Radiology or any other outpatient tests being ordered in addition to laboratory tests, you may utilize the "Outpatient" form and write the laboratory test in the "Other Ancillary Services" section of the form.
   d)   You will be able to print this form from the internet site www.frhs.org or the FRHS Intranet. (Detailed instructions below).
   e)   Physician **MUST** sign order before faxing to Centralized Scheduling.
   f)   **FRHS will not routinely accept orders written on prescription pads due to poor quality and frequently missed information**. The department performing the requested test will contact the appropriate clinic for a different copy of the order if it is written on a script pad.
   g)   **FRHS will not perform any test on any patient without an order**. (To be sure order is received by FRHS, faxing to Centralized Scheduling in addition to giving a copy to the patient to bring with them for their appointment will help eliminate the inconsistency of patient's forgetting their order at time of service).

II.   LOCATION OF FORMS
   a)   Outpatient Service Request and Lab Service Request
      i.   **Internet**
         1.   Go to www.frhs.org
         2.   Click on Outpatient Order Forms under Patients and Visitors section.(specific instructions to filling out form located at bottom of this guide)
         3.   Click **Lab** for laboratory orders, click on **Blood Transfusion** for transfusion orders, click **Outpatient** for outpatient Cardiovascular and Radiology orders, click on **Rehab** for Physical Therapy, Speech Therapy or Occupational Therapy orders, Click on **PET/CT** for PET or CT scans or click on **Instruction Guidelines** for details of how to fill out the forms appropriately.
         4.   Print and fax completed form to Centralized Scheduling. (With the Exception of Lab – See Below).
      ii. **Intranet**
         1.   Go to FRHS Intranet site (if applicable)
         2.   Click on Outpatient Order Forms under Customer Service section (specific instructions to filling out form located at bottom of this guide)
         3.   Click **Lab** for laboratory orders, click on **Blood Transfusion** for transfusion orders, click **Outpatient** for outpatient Cardiovascular and Radiology orders, click on **Rehab** for Physical Therapy, Speech Therapy or Occupational Therapy orders, Click on **PET/CT** for PET or CT scans or click on **Instruction Guidelines** for details of how to fill out the forms appropriately.
         4.   Print and fax completed form to all appropriate locations within FRHS as identified on the order form (i.e. If you are ordering a cardiopulmonary test and xray test for same patient, fax the order to both outpatient locations)

III.   OUTPATIENT ORDER FORM
   a)   Instructions for filling out the outpatient order form: (**Please PRINT**)
      i.   **Today's Date** – Indicate date you are filling out form
      ii.   **Appointment Date/Time** - Fill out appointment date/time (if known)
      iii. **Physician** – Print physician ordering test
      iv.   **Patient Name** – Print legal first and last name of patient
      v.   **Patient Birth date** – Print mm/dd/yyyy of patient's DOB
      vi.   **Patient Phone Number** – Print Phone number of patient so facility can call if test cancelled, etc
      vii. **MEDICAL NECESSITY** – MUST print diagnosis, signs or symptoms for reason the test is being performed.

1. If more than one test is being ordered, be sure to have all appropriate diagnosis, signs or symptoms documented for each test.
2. Status Post (Post-Surgical) diagnosis/codes are not acceptable
3. When scheduling a **diagnostic** test, a history diagnosis is not acceptable. (i.e. diagnostic test with history V code)
      Need diagnosis, sign or symptom. Anything but history codes
4. When scheduling a **screening** test, a current diagnosis is not acceptable. (i.e. screening mammogram with current breast cancer)
      Need history code or yearly/routine

   viii. **Cardiopulmonary/Vascular** – Check appropriate box for any tests you would like to order under Cardiopulmonary and Vascular Services
      1. Utilize the Other line and handwrite the test being ordered if it is not listed.
   ix. **Radiology** – Check appropriate box for any tests you would like to order under Radiology section.
      1. Utilize the Other line and handwrite in the test being ordered if it is not listed.
   x. **Comments (Special instructions, etc)** – You may utilize this box to indicate any additional comments you would like to provide to the facility.
      1. Please utilize this box if you would like a copy of the results to go to a certain physician.
      2. A fax number must also be provided for us to send fax results to if they are to anyone other than the ordering physician.
   xi. **Authentication**
      1. Signature – Physician or Allied Health Practitioner ordering test must sign all physician orders.
      2. Date – Date of Physician Signature
   xii. **Order clarification** – This section is for **INTERNAL USE ONLY**.
      1. This section will be utilized by FRHS staff if additional tests are ordered or clarified while the patient is at our facility.
      2. Date/Time/VOV/TOV/Signature/Date will all be determined by internal FRHS staff. A flag will be assigned to the appropriate ordering physician or AHP ordering additional tests and will be available for completion in Health Information Services.
   xiii. **Patient Label** – Patient label will be placed on form when received at FRHS facility.

NOTE
**Be sure all parts of this form are complete before sending the order to Centralized Scheduling. Lack of the form not being filled out appropriately will result in form being faxed back to ordering physician for appropriate pieces.

**Please be sure to only use approved abbreviations per JCAHO guidelines. Attached is a list of unapproved abbreviations.

Reminder that no test will be performed without the appropriate order

   IV.   **LAB SERVICE REQUEST FORM**
   1) Laboratory has a 3 part requisition that is also available for use. Contact Laboratory Client Services at 644-7528 or direct extension 6265 if you would like the 3 part requisition.
   2) Please include the following information when completing the form:
      a. Patient's full name
      b. Patient's date of birth
      c. Tests ordered
         i. For cultures obtained, please include the antibiotic that the patient is currently taking.
         ii. For all drug levels, please include information regarding the last dose, to include date, time and dosage amount.
         iii. If the patient is on coumadin and you are ordering a Protime/INR, please include that information on the requisition.
      d. Diagnosis or signs and symptoms
         i. **NOTE: ALL tests must have a diagnosis or reason for the test included on the order.**

e. Physician signature
f. If you are submitting a specimen from your facility:
  i. Check the box at the top of the requisition "Bill to Patient and/or Insurance", unless you have previously set up a "Bill to Client" account. In this instance, this box must be checked.
  ii. Fill in the billing information or attach a copy of the patient's demographic and insurance cards obtained by your office.
  iii. Specimen date and time of collection must be entered.
  iv. The highlighted tests on the requisition are tests that may not be covered for the reported diagnosis or have prescribed frequency rules for coverage. An ABN form MUST be obtained prior to the collection of the specimen and must be sent with the specimen to the laboratory. Please refer to the section on ABN in the laboratory directory.

g. **For Nursing Home clients only**: mark the "Bill to" box at the top of the requisition as follows:
  i. For Medicare Part A patients, check "Bill to Client"
  ii. For Medicare Part B patients, check "Bill to Patient and/or Insurance"

For further assistance in filling out the lab requisition form, please contact the laboratory at 644-7528.

V.   Blood Transfusion/Rehab
a) Fill out all fields as indicated on form.
b) Fax or send to appropriate location.
c) Follow all other requirements as identified above.

VI.   PET CT Forms
a) Fill out all fields as indicated on form.
b) Fax to Centralized Scheduling.
c) Follow all other requirements as identified above.