METHODIST

**OUTPATIENT LAB ORDERS**
**Today's Date:** _____

**Date to be drawn:** _____

**For Lab Use Only:**
**Verbal Order received by:** _____

**Date and Time:** _____
**Verbal Order Readback:**
**Date-Time-Initials:** _____
**Faxed for signature by:** _____
☐ **Standing Order Expiration Date**_____

**Patient Instructions:**

## Specimen Collection Locations Available

| **Methodist Hospital**** | **Methodist Women's Hospital **** | **Methodist Health West** | **Methodist Jennie Edmundson Hospital*** | **Methodist Fremont Health*** |
|---|---|---|---|---|
| First Floor North Tower | First Floor, Imaging | 16120 W. Dodge | 933 East Pierce St | 450 East 23rd Street |
| 8303 Dodge Street | 707 N. 190th Plaza | Frontage Rd | Council Bluffs IA, 51503 | Fremont, NE 68025 |
| Omaha, NE 68114 | Omaha, NE 68022 | S. Entrance Internal Med | Mon.-Fir, 7am – 5pm | Mon.-Fri. 7am-5pm |
| Mon.-Fri 7 am- 5pm | Mon.-Fri 7:30 am – 4 pm | Mon.-Fri. 7:30am -4 pm | Sat, 7:30 am.- 2 pm | |
| **Sat 7:30am -2pm** | **Phone: 402-815-4344** | **Closed 12pm-1pm** | | |
| **Fax: 402-815-9128** | **Fax: 402-815-9128** | **402-354-0526** | | |

***Specimen collection is also available outside of above hours; however, significant waiting time may be necessary**

****Patient after hours will enter facility via Emergency Dept Entrance for Patient Registration**

(Patient ID label May Be Used Here)

**Patient Legal Name:** _____ _____/_____/_____
LAST FIRST MI Date of Birth

*Please Print First and Last Name*
**Ordering Provider:** _____ **Office Phone:** _____ **Fax:** _____
LAST FIRST

**Order Written By:** _____ **Nursing Unit:** **Phone #:**

Tests ordered **MUST** include ICD-10 code, specific to each test ordered

| **TEST** | **REASON for TESTING (ICD-10)** |
|---|---|
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| | |

**Special Instructions for Laboratory:** _____

**Physician / Authorized Signature:** _____ **Date:** **Time:**

Please remember when ordering laboratory tests that are billed to Medicare/Medicaid or other federally funded programs that only tests that are medically necessary for the diagnosis or treatment of the patient should be ordered. Medicare does not pay for screening testing except for certain, specifically approved procedures and may not pay for non-FDA approved tests or those tests considered experimental.