

**OUTPATIENT Verbal 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****

First Floor North Tower
8303 Dodge Street
Omaha, NE 68114
Mon.-Fri 7 am- 5pm
Sat 7:30am -2pm
Fax: 402-815-9128

Methodist Women's Hospital **

First Floor, Imaging
707 N. 190th Plaza
Omaha, NE 68022
Mon.-Fri 7:30 am – 4 pm
Phone: 402-815-4344
Fax: 402-815-9128

Methodist Health West

16120 W. Dodge
Frontage Rd
S. Entrance Internal Med
Mon.-Fri. 7:30am -4 pm
Closed 12pm-1pm
Fax: 402-354-0537

Methodist Jennie Edmundson Hospital*

933 East Pierce St
Council Bluffs IA, 51503
Mon.-Fir, 7am – 5pm
Sat, 7:30 am.- 2 pm

Methodist Fremont Health*

450 East 23rd Street
Fremont, NE 68025
Mon.-Fri. 7am-5pm

*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)**

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.