



**ORDER FOR OUTPATIENT- ANCILLARY**  
**To Schedule call 858-4090**  
**Fax to 350-3862**

Appt date/time

Facility where service to be provided: \_\_\_\_\_

**Patient full name**(Last, first, middle initial) \_\_\_\_\_ **DOB** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Signs and symptoms:** \_\_\_\_\_ **SS#:** \_\_\_\_-\_\_\_\_-\_\_\_\_

**ICD9 required** \_\_\_\_\_ **Gender** M \_\_\_\_\_ F \_\_\_\_\_

**Independent Practitioner-MD/DO, PA, ARNP**(printed name) \_\_\_\_\_

**Independent Practitioner signature**(no stamped signature) \_\_\_\_\_ **Date & time order written** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Requisition completed by:** \_\_\_\_\_ **Date & time order written** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Comments or special instructions:** \_\_\_\_\_

**STAT**     **Call results to** \_\_\_\_\_     **Fax results to** \_\_\_\_\_

REHABILITATION SERVICES	ICD-9 CODE	RESPIRATORY CARE	ICD-9 CODE	SPS	ICD-9 CODE
1. <input type="checkbox"/> Adult <input type="checkbox"/> Pediatric		ABG		Biopsy	
2. <input type="checkbox"/> Evaluation & Treatment		Spirometry (Pre+ Post)		Bronchoscopy	
3. (Select all that apply) <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Audiology <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Speech therapy <input type="checkbox"/> Other _____ <input type="checkbox"/> Lymphedema		Complete PFT		Central Line Insertion	
		Diffusion		Colonoscopy	
		Oximetry		Dialysis Catheter Insertion	
		To determine O2 Requirements		EGD	
<b>CARDIOVASCULAR DIAGNOSTICS</b>		To qualify for Home O2		EGD with Dilation	
BIV ICD / PPM <i>circle one</i> Implant / battery change / Upgrade		Spot Oximetry		Excision of Lesion	
ICD / PPM <i>circle one</i> Implant / battery change / Upgrade		Aerosol Treatment		Liver Biopsy	
		Med + Dose		Pain Block	
DCCV / Cardioversion		Frequency		Paracentesis	
		Other:		PEG Tube	
Heart Catheterization L R Both				Thoracentesis	
Myocardial Perfusion Scan with Drug				Other:	
Myocardial Perfusion Scan with Exercise				<b>OTHER</b>	
Resting RVG / MUGA					
ECG / EKG					
Echocardiogram (includes Doppler)					
Stress ECG (Treadmill)					
Stress echocardiogram with Drug					
Stress echocardiogram with Exercise					
TEE					
Other:					
<b>NEURODIAGNOSTICS</b>					
EEG					
EMG					
NCT					
<i>(Additional services available at VCH-SF &amp; VCRH)</i>					

