

Spectrum Health Regional Laboratories - Phone Order Request



This is an Afterhours STAT* ORDER Date: _____ Time: _____

ALL INFORMATION REQUIRED

PROVIDER AND OFFICE INFORMATION

Ordering Provider FULL Name:	
Provider's Call Back Number:	
Provider's Office Name:	
Provider Office's Fax Number:	

PATIENT INFORMATION

Patient FULL Legal Name:			
Patient Date of Birth:		Patient Sex:	
Patient SH MRN:		Patient Phone:	
Diagnosis:			

TEST(S)

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
Additional Information:	

This request was taken by:

SH Staff Name:			
SH Staff Department:			
SH Staff Phone Number:		SH Staff Fax Number:	

**Afterhours Grand Rapids patients should be directed to Butterworth Hospital Laboratory. This written order needs to be faxed by lab staff to Butterworth Admitting staff and called after verbal order has been verified. Order will also be faxed to the provider's office for signature. Once signed and returned to the Laboratory, staff must scan into patient's chart.*

COLLECTION INFORMATION:

Collected by:		Collected Date:		Collected Time:	
Additional Comments or Information:					

ATTENTION ORDERING PROVIDER OFFICE

Per Federal Law, this verbal order must be signed, dated, and returned to the Laboratory within 7 days of the order date above.

Physician Signature: _____ Date: _____