

# Request for Outpatient Services



Kyle ER & Hospital  
5615 Kyle Center Dr.  
Kyle, Texas 78640  
fax: 512-504-9952

## Patient Information

Last Name	First Name	Middle Name	
Date of Birth	Primary Phone Number		
Name of Insurance Provider/ Policy # _____			
Pre-Certification:	<input type="radio"/> Not Required	<input type="radio"/> In Progress	<input type="radio"/> Completed
Pre-Cert/Authorization# _____			

## Reason for Test

REASON FOR THE TEST MUST BE GIVEN.

- ICD codes AND diagnostic information must be provided for EACH test ordered.
- Please DO NOT USE "Rule Out" or "Possible/Probable?"

## Outpatient Testing or Procedure Order

Reason/Diagnosis

ICD Code(s)

## Order/ Results

Requested Test Date:

- ROUTINE at patient's convenience       URGENT w/in 48 hours       STAT

Date: \_\_\_\_\_

- Orders are valid for 90 days.

Results:       Fax results \_\_\_\_\_       Call results \_\_\_\_\_  
 Hold patient for results send images with patient

## Physician Information

Referring Practitioner:	Last Name	First Name	NPI #
Practitioner's Phone Number	Practitioner's Fax Number		

Practitioner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Notice: Kyle ER & Hospital is unable to bill Medicare, Medicaid or Tricare for services rendered.**

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