

## TELEPHONE/FAXED LABORATORY ORDER FORM

This material is intended for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure by applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you received this communication in error, please notify the sender immediately by telephone (collect) and return the original message to the sender listed above.

**FAX To:** Physician fax# \_\_\_\_\_ Physician phone # \_\_\_\_\_  
Attention \_\_\_\_\_

**This form is to be used as follows:**

1. For providers who wish to fax in either a one-time or a standing order to the laboratory or
2. By the laboratory for documenting a one time or a standing order received by telephone.

If you are faxing in an order, please complete all the information and print legibly.

If this form has been faxed to you, please review the telephone order below for completeness and accuracy and confirm this review by providing an authorized signature\* below.

**Fax this form to us at 802-847-5905 or mail it to us at the above address, attention Customer Service.**

**Please return this form to us as promptly as possible. Thank you.**

➔ **Authorized Signature:** \_\_\_\_\_

\*An authorized signature is the ordering physician or an authorized person on the physician's staff.

One time Order: Date to be drawn _____	Standing Order: Frequency _____ Order Expiration Date: _____ Duration _____ Sent to HIM: _____
Date Order Requested ___ / ___ / ___ Who called? _____ Loc Code _____	
Patient Full Name _____ Date of Birth _____	
MRN# _____ Ordering Provider _____	
Copy to another physician? Y/N Name _____	
Testing Requested _____ ICD-10 Diagnosis Code _____ _____ _____	
Order is documented in chart? Y / N	Is this a Medicare Patient? Y / N
Is the patient on coumadin? Y / N	If Medicare: ABN not required _____
Patient fasting? Y / N	Diagnosis not covered, ABN attached _____
Order read back and confirmed Y / N	
<b>Internal Use Only</b> Telephone Order Statement: All Telephone Orders must be followed with written documentation of the Telephone Order within 30 days of the request to comply with federal regulations. The Laboratory has faxed you this form with the telephone order we received and ask that you review the order for completeness and accuracy. We also remind you that the order should be documented in the patient's chart.	
Person receiving order _____ PRISM Entry Date/Initials _____ Date faxed _____	