



Ancillary Services

Outpatient Services Order Form

Please use this form to order outpatient services at FMC

Patient Name: _____

Today's Date: _____

Patient Ph. # : (_____) _____

D.O.B: _____

Diagnosis (please be thorough with signs and symptoms):

Special Instructions:

Imaging Services Phone: 928-773-2138 Fax: 928-214-3732

Type of Exam / Body Part: _____

X-Ray
 Nuclear Medicine

Ultrasound
 MRI

CT Scan
 Intervention

Other, please specify _____

Cardiology / Respiratory Phone: 928-773-2211 Fax: 928-773-2469

EKG
 Echocardiogram
 Stress -Echocardiogram
 Stress -Dobutamine, Echo

TEE*
 Cardioversion*
 Stress Test
 Stress Cardiolute

Stress -Adenosine/Cardiolite
 Stress -Persantine Cardiolite
 Other, please specify _____

* H&P Required for TEE / Cardioversion not older than 30 days

Laboratory Phone: 928-773-2143 Fax: 928-773-2234

ICD-9 Codes (Required)

Fasting? YES NO

CBC
 Hemagram
 PT
 PTT
 Basic Metabolic Panel
 Comprehensive Metabolic Panel
 Electrolytes
 Lipid Panel
 Liver Panel (LFT)
 Renal Panel
 Urinalysis

Neonatal Bilirubin
 Total Bilirubin
 Fract Bilirubin (Total & Direct)
 Hgb A1C
 Fasting Glucose
 HCG -Serum, Qualitative/Quantitative
 T3 U
 T3 Free
 T4
 T4 Free
 TSH

Other, please specify _____
 Culture and Sensitivity Source: _____
 Ova and Parasites _____
 Blood Gases _____

Blood Bank, Please Specify: _____

 Pathology, Please Specify: _____

Comments:

Appointment Date: _____
Time: _____

Physician Signature:
X _____
Date: _____

Printed Name: _____
Office Contact: _____
Office Phone: _____
Office Fax: _____

Contact any department listed above to request more forms