**NOTE: ORDERS WILL NOT BE PROCESSED WITHOUT THE APPROPRIATE INFORMATION COMPLETED AND THE PHYSICIAN’S SIGNATURE AFFIXED.**

<table>
<thead>
<tr>
<th>Procedure / Supply</th>
<th>Location / Department</th>
<th>ICD−10 Diagnosis Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Sweat Test</td>
<td>Pulmonary Lab</td>
<td>Asthma NOS</td>
<td></td>
</tr>
</tbody>
</table>

1. 
2. 
3. 
4. 
5. 
6. 
7. 
8. 

**WRITE THE TEST / PROCEDURE / SUPPLY, LOCATION, AND THE APPROPRIATE DIAGNOSIS CODE IN THE SPACES BELOW.**

All orders for tests/procedures/supplies must include the diagnosis/medical reason for the test. This must be an ICD 10 Diagnosis Code. All orders for supplies must also include the quantity.

Please indicate the specific diagnosis code requiring the ordered test/procedure/supply. Do not use "rule out" diagnoses and avoid using "V" codes.

**SOURCE DOCUMENT NAME: _________________________________________________________ Date of Document__________________**

Scribed/Transcribed for ________________________________________________________ by ______________________ Title_____ Date_________ Time_______

**ORDERING PHYSICIAN/APN Printed __________________________________________________**

- Pregnancy Test if required for imaging study/procedure

Duration of Order __________________ Frequency of test/supply __________________

Source Document Name: ____________________________________________________________ Date of Document__________________

Transcribed for _________________________________________________________________ by ______________________ Title_____ Date_________ Time_______

Physician / APRN Signature: ______________________________________________________ Printed Name: ______________________ Date: _________ Time: _________

The above signed Physician / APN certifies that the ordered tests/procedures are medically necessary for the diagnosis and treatment of the patient. I am responsible for the care of the patient.

**Please fax this form directly to the specified service: 479−725−6582**