

NAME		SEX	AGE	DATE OF BIRTH	PRINT NAME OF PHYSICIAN Dr.	
S.S.#		PRECERT#/AUTH		PHYSICIAN SIGNATURE (REQUIRED)		DATE/TIME (REQUIRED)
TELEPHONE#		FAX#				

APPOINTMENT REQUESTED THROUGH SCHEDULING SYSTEM
IF SCHEDULING VIA FAX, PLEASE INCLUDE THE FOLLOWING INFORMATION:
 Appt Preference (please check one): Morning Afternoon Day of the week: _____
 Specify location if other than **Moore**: Richmond Montgomery Hoke Call report: Yes No

**ATTENTION PATIENT: Please bring a written list of all your current medications.
 If you have not been contacted within one business day about your appointment please call (910) 715-2778 or (866) 415-2778.**

CIRCLE TEST NUMBER AND INSERT ICD-10 CODE. # FOR TESTS WITH A “#” SIGN, PLEASE CALL FOR AN APPOINTMENT.

CARDIOLOGY		Dx Code
5	# EKG	
41	# Echo Doppler	
30	# Echo Cardiogram	
12	# Holter Monitor	
51	# Cardiac Event Monitor	
3065	# Stress Echo	
46	# Tee/Transesophageal Echo	
65	# Treadmill/Exercise Stress Test	
SLEEP LAB		Dx Code
10	# Routine Polysomnogram	
15	# Polysomnogram w/ CPAP Titration	
07	# MSLT (Multiple Sleep Latency Test)	
05	# MWT (Maintenance of Wakefulness Test)	
17	# CPAP Desensitization	
Comments:		

NEURODIAGNOSTICS (EEG)		Dx Code
40	# 24 Hr Ambulatory EEG	
95	# Brainstem Auditory Evoked Potential (BAEP)	
60	# EEG Asleep Temporal Leads	
70	# EEG – Awake & Asleep	
50	# EEG – Routine	
122	# EMG	
121	# NCV	
105	# Somoto Sensory Evoked Potential, Upper (SSEP)	
85	# Visual Evoked Potential (VEP)	
RESPIRATORY CARE		Dx Code
10135	ABG	
10140	ABG B/A Exercise	
421	Bronchoscopy	
173	PFT (Simple Spirometry)	
851	PFT Spirometry (Flow Volume Loop)	
110	PFT B/A Bronchodilator	
94729	PFT w/ DLCO (Diffusion Capacity)	
94726	Complete PFT w/ Body Box	
94620	Six Min. Walk	
11	Handheld Nebulizer	
7020	Pulse Oximetry	
830	MDI Instruction	

If scheduling by fax, please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient.



Physicians Order for Diagnostics



Place Patient Label
Inside This Box

8241.03.0764.13

Sunset Date: 9/2018

PHYSICIAN ORDER FOR DIAGNOSTICS

APPOINTMENT	DATE / TIME / DAY

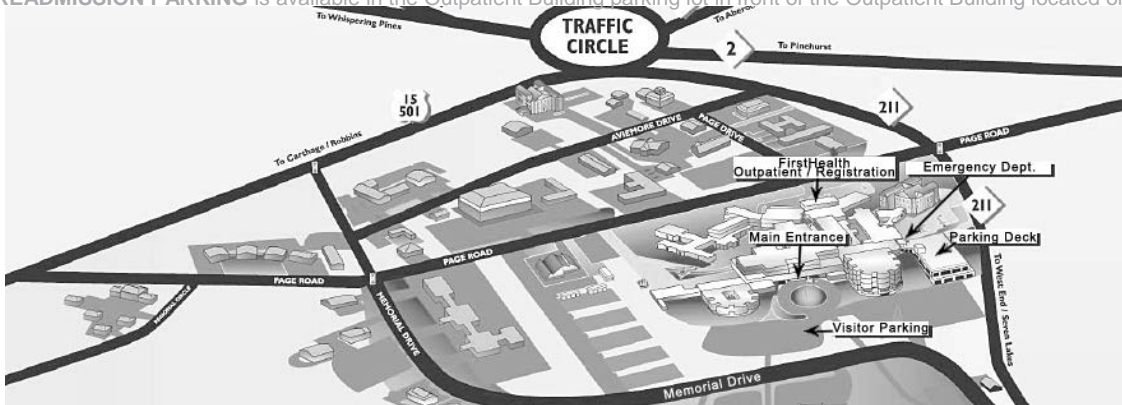
ATTENTION PATIENT: Please bring a written list of all your current medications.
 We request that patients arrive at the registration desk thirty minutes prior to the scheduled appointment, unless otherwise specified.

FOR APPOINTMENTS PLEASE CALL THE SCHEDULING DEPARTMENT:

1-910-715-APPT(2778) OR 1-866-415-APPT(2778)

PHYSICIAN OFFICE STAFF TO CHECK DESIGNATED PARKING

- ★ **OUTPATIENT PARKING:** Monday – Friday, 5 a.m. – 9:30pm, Saturday 5:30am -7p.m., CLOSED on Sunday.
 Outpatients should use the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.
- ★ **FIRSTHEALTH IMAGING CENTER PARKING:** Monday – Friday, 7a.m. – 9:30p.m.
 Located in the Pinehurst Radiology Building on Page and Memorial Drive. Outpatients should use the Pinehurst Radiology parking lot located on the corner of Page and Memorial Drive. Park toward the lower part of the parking area and enter through the door toward the back of the building.
- ★ **PREADMISSION PARKING** is available in the Outpatient Building parking lot in front of the Outpatient Building located on Page Road.



ALL PATIENTS

Please be prepared to present health care insurance identification cards upon registration. With this information, we will allow credit on your account to the limit of benefits of your insurance coverage. You will be requested to pay any balance due at this time or make satisfactory arrangements for payment.

★ THANK YOU FOR CHOOSING FIRSTHEALTH MOORE REGIONAL HOSPITAL FOR YOUR HEALTH CARE NEEDS.

PHYSICIAN OFFICE

- ★ ICD-10 Codes should be provided for each test/panel ordered.
- ★ Medicare reimbursement may be denied for duplicate tests within 72 hours and/or non-approved ICD-10 Codes.
- ★ Please check appropriate box below and furnish address if applicable.

Vocational Rehabilitation
 Authorization Number: _____

Liability

Workers Compensation
 Claim Number: _____

Carolina Access

PCP Number: _____

Address for any above insurance: _____



Physicians Order for Diagnostics

Place Patient Label
 Inside This Box