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Physician / Authorized Signature:

LAB ORDERS Today's Date:	Patient Instructions:
Date to be Drawn:	
For Lab Use Only: Verbal Order received by:	
Date and Time:	
Faxed for signature by: Standing Order Expiration Date	

Three Specimen Collection Locations Available Methodist W. Dodge Medical Plaza **Methodist Women's Hospital Methodist Hospital Imaging** 515 North 162nd Avenue 707 North 190th Plaza 8303 Dodge Street First Floor, Radiology South Tower, First Floor First Floor. Suite 100 Omaha, NE 68114 Omaha, NE 68118 Omaha, NE 68022 Hours: 7:00a.m. - 5:00p.m. Mon-Fri Hours: 7:30a.m. - 4:00p.m. Mon-Fri Hours: 7:00a.m. - 5:00p.m. Mon-Fri **8:00a.m - 12:00noon Sat-Sun 7:30a.m. - 2:00p.m. Saturday **NO Weekend Hours** **For Saturday Collections **For Weekend Appointments at Women's Hospital. Go to North Tower Admitting Please enter facility via Emergency Dept. Entrance for Patient Registration Phone: 402 – 354 – 4540 Phone: 402 - 354 - 7329 Phone: 402 - 815 - 4344 Fax: 402 - 815 -- 9128 Fax: 402 – 815 – 9128 Fax: 402 – 815 – 9128 (Patient ID label May Be Used Here) Patient Legal Name: _ FIRST LAST Please Print First and Last Name Ordering Provider: ____ Office Phone: _____ Fax: ____ LAST FIRST Order Written By: Nursing Unit: Phone #: Tests ordered MUST include an appropriate signs, symptoms, ICD-10 code, or narrative diagnosis specific to each test ordered **TEST REASON for TESTING (ICD-10)** Special Instructions for Laboratory:

Please remember when ordering laboratory tests that are billed to Medicare/Medicaid, or other federally funded programs that only tests that are medically necessary for the diagnosis or treatment of the patient should be ordered. Medicare does not pay for screening testing except for certain, specifically approved procedures and may not pay for non-FDA approved tests or those tests considered experimental.

(Pathology Outpatient Order Form 09/2016)

Date: