

SEASCAPE HEALTH ALLIANCE
ROUTINE LABORATORY TEST ORDER FORM

YOUR FACILITY NAME
CLIENT NUMBER: _____

NEW ORDER _____ ADD-ON TO OTHER LAB ORDERS: _____

CANCEL ALL ORDERS: _____

UNIT: _____ ROOM #: _____

PATIENT: _____

BIRTHDATE: _____ SS#: _____

MEDICARE #: _____

MEDICAID #: _____

OTHER INSURANCE: _____

PHYSICIAN: _____

TEST(S)	DX CODE	START DATE	FREQUENCY

DATE: _____

AUTHORIZED SIGNATURE: _____

- Medical records must indicate that testing is authorized by physician
- All laboratory testing must be medically necessary;
- Routine orders are valid for one year unless otherwise indicated by ordering physician
- ***FAX TO 302-422-9408***

SAMPLE
SEASCAPE HEALTH ALLIANCE

ROUTINE LABORATORY TEST ORDER FORM

YOUR FACILITY NAME

CLIENT NUMBER: _____

NEW ORDER _____ ADD-ON TO OTHER LAB ORDERS: X

CANCEL ALL ORDERS: _____

UNIT: SEASIDE ROOM #: 142-A

PATIENT: DOE, JANE

BIRTHDATE: 01/01/1925 SS#: 111-11-1111

MEDICARE #: 111-11-1111A

MEDICAID #: 000456789

OTHER INSURANCE: AMERIHEALTH – 0011345678-H

PHYSICIAN: PHILLIP JONES

TEST(S)	DX CODE	START DATE	FREQUENCY
CBC	285.9	12/01/15	Q6M
BMP	401.9	12/01/15	Q3M 1 ST MONDAY
H&H	285.9	12/15/15	Q2WKS ON MONDAY

DATE: 11/15/15

AUTHORIZED SIGNATURE: _____

- Medical records must indicate that testing is authorized by physician
- All laboratory testing must be medically necessary;
- Routine orders are valid for one year unless otherwise indicated by ordering physician
- **FAX TO 302-422-9408**

*Seascope Health Alliance
Routine Order Instructions*

FAX ALL ROUTINE ORDERS/CHANGES, ETC. TO 302-422-9408

NEW ROUTINE ORDERS

1. *Complete routine order form in its entirety for each patient who has an order for routine tests. Incomplete orders will be returned.*
2. *Routine order form may be signed by a nurse provided there is a physician order in the patient's chart for the testing.*
3. *When entering start date for each order, please note that routine orders are drawn Monday through Friday only. Please verify start date for each draw – not today's date or the date that the order was written.*

ADD-ON TO PREVIOUS ROUTINE ORDERS

Please check this box if the patient has existing orders and complete routine order request form. The new orders will be added to the patient's routine order list.

CANCEL ORDERS

- *It is not necessary to list all patient information if all orders have been discontinued. Simply check "Cancel all Orders", complete patient name, DOB and SS# and return to Seascope.*
- *If specific orders have been discontinued, please list the test and document D/C Order.*

PATIENT INFORMATION CHANGES/CORRECTIONS

If patient has transferred to another room or another unit, simply complete patient name, DOB and SS# and document the change before returning the routine order request to Seascope.