

REQUEST FOR OUTPATIENT SERVICES



**TUCSON ER
& HOSPITAL**

📍 4575 E. Broadway Blvd
Tucson, AZ 85711
☎ Phone: 520-375-9111
🌐 tucsonerhospital.com



904 W. Grant Road, Tucson, AZ 85705
5102 E 5th Street, Tucson, AZ 85711
Phone: 520-334-4841 • Fax: 520-844-6418

PATIENT INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: _____ Primary Phone Number: _____ Patient Email: _____

Name of Insurance Provider/ Group #/ ID #: _____

Pre-Certification: ☐ Not Required ☐ In Progress ☐ Completed Pre-Cert/ Authorization #: _____

REASON FOR TEST

REASON FOR THE TEST MUST BE GIVEN. (Please DO NOT USE "Rule Out or "Possible/Probable")

• ICD codes AND diagnostic information must be provided for EACH test ordered.

Outpatient Testing or Procedure Order: _____

Reason/ Diagnosis: _____

ICD Code(s): _____

ORDER/ RESULTS

Requested Test Date: _____ ☐ ROUTINE at patient's convenience ☐ URGENT w/in 48 hours ☐ STAT

RESULTS:

☐ Fax Results: _____ ☐ Call Results: _____

☐ Hold Patient For Results Send Images With Patient

PHYSICIAN INFORMATION

Last Name: _____ First Name: _____ NPI#: _____

Practitioner's Email: _____

Practitioner's Phone Number: _____ Practitioner's Fax Number: _____

Practitioner's Signature: _____ Date: _____

Notice: Tucson ER & Hospital is unable to accept Medicare or Medicaid for services rendered.

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