



- ☐ GERMANTOWN  
☐ Germantown Breast Center  
☐ Germantown Radiology Center  
☐ NORTH  
☐ North 3950 Building Radiology Center  
☐ LE BONHEUR – Main Campus  
☐ Le Bonheur Outpatient – Main Campus  
☐ Le Bonheur Outpatient – East Memphis  
☐ SOUTH  
☐ UNIVERSITY  
☐ Methodist Diag Center – Union Ave  
☐ OLIVE BRANCH  
☐ Methodist Diag Center – Southaven

**FAX NUMBERS**

901-516-4900  
901-516-4900  
901-516-4900  
901-516-4900  
901-516-4900  
901-937-3335  
901-937-3335  
901-937-3335  
901-516-4900  
901-516-4900  
901-516-4900  
662-932-9105  
662-932-9105

**PHYSICIAN OUTPATIENT ORDER FORM****Centralized Scheduling Phone: 901-516-9000****Toll free fax: 855-389-2521****Le Bonheur Connect Phone: 901-287-7337****For Hospital Use Only****PATIENT INFORMATION:**

LAST NAME (Required)

FIRST (Required)

M.I.

SEX

PHONE #

SS# (Required)

DATE OF BIRTH (Required)

STREET ADDRESS

CITY

STATE

ZIP

**CHIEF COMPLAINT / CLINICAL INFORMATION (Required)** (Must Indicate Medical Necessity for **EACH SERVICE BEING REQUESTED** and any clinical information clarifying Medical Necessity)

☐ Creatinine if needed

Procedure(s) (Required) (Please Be Specific)

ICD10 or CPT

Pre-Cert Number(s)

AUC G-CODE

AUC HCPCS

IDSN #

SCORE

DATE

Insurance Subscriber \_\_\_\_\_ ID# \_\_\_\_\_ Group # \_\_\_\_\_

Procedure Date

Sched. Time

Arrival time (if different than Sched. Time)

Instructions to Patient (Complete **ONLY** if you wish to write specific instructions / preps to your patient)**ORDERING PHYSICIAN SIGNATURE (MUST be original signature — stamped or copied signature not acceptable)**

Physician Name (Printed)

Date/Time  
of Signature

Physician Phone # \_\_\_\_\_ Office Address \_\_\_\_\_

MLH ID # \_\_\_\_\_

