



LAB ORDERS

Today's Date: _____

Date to be drawn: _____

For Lab Use Only:

Verbal Order received by: _____

Date and Time: _____

Faxed for signature by: _____

Standing Order Expiration Date _____

Patient Instructions:

Three Specimen Collection Locations Available

Methodist Hospital Admitting

8303 Dodge Street
North Tower, First Floor
Omaha, NE 68114
Hours: 7:00 a.m. – 4:30 p.m. Mon–Fri
7:30 a.m. - 2:00 p.m. Saturday

Methodist W. Dodge Medical Plaza

515 North 162nd Avenue
First Floor, Suite 100
Omaha, NE 68118
Hours: 7:30 a.m. – 4:00 p.m. Mon–Fri
NO Weekend Hours

Methodist Women's Hospital

707 North 190th Plaza
First Floor, Radiology
Omaha, NE 68022
Hours: 7:00 a.m. – 5:00 p.m. Mon–Fri
8:00 a.m. – 12:00 noon Sat-Sun

****Patients arriving after listed hours will enter via Emergency Dept. Entrance for Patient Registration****

Phone: 402 – 354 – 4540
Fax: 402 – 815 -- 9128

Phone: 402 – 354 – 7329
Fax: 402 – 815 – 9128

Phone: 402 – 815 – 4344
Fax: 402 – 815 – 9128

(Patient ID label May Be Used Here)

Patient Legal Name: _____ / ____ / ____
LAST FIRST MI Date of Birth

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: _____

Physician / Authorized Signature: _____ **Date:** _____ **Time:** _____

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.