



Outpatient Services Request

181 W. Meadow Drive, Vail CO 81657 (970) 479-7251
Please fax order to (970) 470-6654

Please send order to Vail Health
prior to scheduling.

Today's Date	Appointment Date/Time	Physician Name & NPI (required)	Physician Office Contact Name / Address / Phone / Fax

Patient Name	Patient Birth Date	Patient Phone Number (Home and Mobile)

Patient Insurance Name/Num	Preauth Required Yes or No	Preauth Number	Primary Care Physician

Diagnosis / Medical Necessity (ICD-10 Code and Description Required) *Must be completed	Patient Allergies

Cardiology (Exam and CPT Code Required) Exam ordered: CPT Code:	Pulmonary (Exam and CPT Code Required) Exam ordered: CPT Code:
----------------------------------------------------------------------------------	---------------------------------------------------------------------------------

Radiology (Exam and CPT code required)

X-RAY Exam Ordered: _____ CPT Code: _____

CT Exam Ordered: _____ CPT Code: _____

MRI/MRA Exam Ordered: _____ CPT Code: _____

NUC MED Exam Ordered: _____ CPT Code: _____

ULTRASOUND Exam Ordered: _____ CPT Code: _____

FLUOROSCOPY Exam Ordered: _____ CPT Code: _____

MAMMOGRAPHY Exam Ordered: _____ CPT Code: _____

Other Ancillary Services:

Comments:

Send Duplicate Results To: _____ Address/Fax: _____

Authentication:

Ordering Physician Signature _____ Date _____ Time _____

*Physician ordering test or Allied Health Practitioner acting within the scope of any license, certificate, or other legal credential authorizing practice.

Order Clarification (Internal use only)

Date/Time	Verbal/Telephone Order Readback by:	Signature / Date (Physician / AHP)

Confidentiality Notice: This e-mail, fax, or letter, including any attachments, is for the sole use of the intended recipient(s) and may contain confidential and privileged information. Any unauthorized review, use, disclosure or distribution is prohibited. If you are not the intended recipient, please contact the sender and destroy all copies of the original message.	Patient Label Optional
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------