

CLARIFICATION OF ORDER/ DIAGNOSIS REQUEST DOCUMENTATION FORM

Patient Name: _____ MRN: _____
Visit # _____ DOS: _____
Ordering Provider: _____ Phone Number of Provider: _____

Clarification of Orders:

Test(s) ordered on requisition that requires clarification: _____

Confirmed Test(s) ordered: _____

Test(s) confirmed by (name of person providing information): _____

Date/Time of call: _____

Information collected by (name of person making call): (print name) _____
(signature) _____

Diagnosis Request:

Date/Time of call: _____ (initial contact)

Please record all subsequent calls if initial call was not successful:

Date/Time of call: _____ Date/Time of call: _____ Date/Time of call: _____

Test(s) ordered : _____

Diagnosis provided (code or narrative): _____

Diagnosis Provided by (person providing information): _____

Information collected by (name of person making call): (print name) _____
(signature) _____

Clarification of Orders MUST be filed with the Original Requisition

Diagnostic Information MUST be forwarded to the Laboratory Coder for entry and filing.