



VERBAL ORDER CONFIRMATION

**YOUR OFFICE HAS REQUESTED ADDITIONAL TESTING AS SHOWN BELOW.
 PLEASE PROVIDE ALL REQUESTED INFORMATION, SIGN, AND FAX TO (650) 724-4758**

Note to Physician: In compliance with Federal Regulation #493.1105, Stanford Clinical Laboratories requires the ordering physician's signature to confirm any verbal order. "Medicare pays only for tests which it considers medically necessary for the diagnosis and treatment of the patient. Medicare will not pay for testing for a disease when the patient displays no symptoms or evidence of a disease. Ancillary services are expected to have a file diagnosis, symptom, or complaint that indicates a medical necessity.

TODAYS DATE: _____

REFERRING PHYSICIAN: _____

CS LOCATION CODE OR SUBMITTER ID: _____

PATIENTS LAST NAME: _____ FIRST NAME: _____

PATIENTS DOB: _____

DATE OF ORIGINAL ORDER: _____

ORIGINAL ACCESSION NUMBER: _____

ICD-10 CODE(S): _____

NAME OF TEST ORDERED: _____ TEST CODE _____

SIGNATURE OF REFERRING PHYSICIAN OR AUTHORIZED DESIGNEE:

TITLE OF PERSON SIGNING IF NOT MD

Clinical Lab Use Only

Date/Initials _____ Fax to _____ Date Sign
 Number _____ Request # _____ rec'd _____