

## Corewell Health Reference Laboratory West - Phone Order Request

**ALL INFORMATION REQUIRED****This is an Afterhours STAT\*****ORDER Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ ☐AM or ☐PM**PROVIDER AND OFFICE INFORMATION**

Ordering Provider FULL Name:	
Provider's Call Back Number:	
Provider's Office Name:	
Provider Office's Fax Number:	

**PATIENT INFORMATION (3 identifiers required)**

Patient FULL Legal Name:			
Patient Date of Birth:		Patient Sex:	
Patient CH MRN:		Patient Phone:	
Patient Address		Patient Zip Code:	
Diagnosis Code(s) or Description:			

**TEST(S) INFORMATION**

<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<b>Collected by:</b>	<b>Collected Date:</b>	<b>Collected Time:</b>
Additional Comments or Information:		

**This request was taken by:**

SH Staff Name:	
SH Staff Call Back Number:	
SH Staff Department:	
SH Staff Fax Number:	

*\*Afterhours Grand Rapids patients should be directed to Butterworth Hospital Inpatient Laboratory. This written order needs to be faxed by lab staff to Butterworth Admitting staff and also called after verbal order has been verified. Order will also be faxed to the provider's office for signature. Once returned to the Laboratory, staff must scan into patient's chart.*

**ATTENTION ORDERING PROVIDER OFFICE**

Per Federal Law, this verbal order must be signed, dated, and returned to the Laboratory within 7 days of the order date above.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_