Duke Health Lake Norman Hospital
Outpatient Order Form

To schedule an appointment, please call 704-660-2650.

Patient Information

Patient Name: _____ Date of Birth: _____

Patient's Address: _____ Phone Number: _____

Patient's Insurance Company: _____

Policy Number: _____ Group Number: _____

Insured's Employer: _____

Is Authorization Required for the Requested Exam? ☐ Yes ☐ No

Insurance Company Phone: _____ Pre-Authorization Number (if obtained by office): _____

Physician Information

Physician's Signature: _____ Date and Time Signed: _____

Physician Name (Print): _____ Office Contact: _____

Office Phone Number: _____ Office Fax number: _____

Exam/Procedure/Service Requested

Clinical Information / Indication: _____ ICD-10 CODE: _____

Reason for Exam/Procedure/Service or Special Instructions: _____

_____

Appointment Date: _____ Time: _____

Please fax this completed form to 704-660-8900.

Patient Label Here

DukeHealth
Lake Norman Hospital