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: _____

For imaging procedures (biopsy, drain insertion, paracentesis, thoracentesis, myelograms, lumbar puncture, arteriogram, PICC, arthrograms and any other invasive procedures) please include the following:

- H&P
- Updated medication list
- Any imaging reports of the area of interest
- Current lab results

Please fax this completed form, including requested documents to 704-660-8900.

DukeHealth
Lake Norman Hospital