



Request for Outpatient Services

THIS REQUEST FOR SERVICE MUST ACCOMPANY THE PATIENT AT THE TIME OF SERVICE

Elective Routine Urgent Emergency within 24 hours

Patient Information

Patient Name: Address:

Date of Birth: Male Female Social Security #:

Service Requested

Scheduling 843-522-5015 Fax number 843-522-5563
Angio Scheduling 843-522-5039 Fax number 843-522-5089

Imaging Services: CT MRI Nuclear Medicine Ultrasound Angiography
Respiratory / Cardiopulmonary: RT EKG CRS

Order must include an ICD-10 code or diagnosis. Test not covered by that code, may be charged to the patient. Fill in the appropriate code or diagnosis for each test.

Service with Diagnosis

Table with 2 columns: Service number (1-5) and ICD-10 code.

Allow use of MRI/CT contrast at the discretion of the radiologist? Yes No

Remarks / Special Instructions:

Location: Date: Time to arrive:

Dear Patient,
You have the option to pre-register over the phone. Please call (843) 522-5015 between 8 am and 4 pm and be prepared to give your current address, phone number, and insurance information. Upon your arrival, please report to the registration area and sign in. The next available registration personnel will check you in and process your paperwork. Please remember to bring your insurance card with you on the day of your appointment and present to the Registration personnel. In most cases, we will gladly file your insurance for you, but you are responsible for any charges not covered by insurance.

Locations

Table with 5 columns: Beaufort Memorial Hospital, Beaufort Medical Plaza, Beaufort Memorial Island Imaging Center, Lowcountry Medical Group, Okatie Medical Pavilion.

Physician Signature:

Date: Time:

