



611 Alcorn Drive \* 662-293-1000



Parking is available in Lot #5 across from Main Entrance A

Enter through Main Entrance A and proceed to Sign In Desk.

“Provider Order” **MUST** be presented on test date. Please arrive 15 minutes prior to testing.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Test Date: _____	Primary Insurance _____
TEST: _____	Pre-Cert # _____ Time: _____
TEST: _____	Pre-Cert # _____ Time: _____
TEST: _____	Pre-Cert # _____ Time: _____
TEST: _____	Pre-Cert # _____ Time: _____
DIAGNOSIS: _____	ICD CODE: _____
DIAGNOSIS: _____	ICD CODE: _____
DIAGNOSIS: _____	ICD CODE: _____
DIAGNOSIS: _____	ICD CODE: _____

This patient is a direct admit. Orders are in CPOE.

**SPECIAL INSTRUCTIONS**

\_\_\_\_\_ DO NOT EAT OR DRINK AFTER MIDNIGHT

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ALL MINORS MUST HAVE PARENT OR LEGAL GUARDIAN PRESENT.**

**TO CANCEL OR RESCHEDULE A TEST, PLEASE CALL SCHEDULING AT 662-293-1026 AS SOON AS POSSIBLE.**

MEDICAL OFFICE NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Provider Name (printed): \_\_\_\_\_ Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Provider: \_\_\_\_\_

Contact # for Critical Findings: \_\_\_\_\_

**PLEASE FAX THIS ORDER AND PATIENT DEMOGRAPHIC SHEET TO SCHEDULING 662-293-4337**

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