MAGNOLIA
REGIONAL HEALTH CENTER

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: _____

Please include an after-hours contact # for Critical Findings: _____

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