

**PATIENT STANDING ORDER REQUEST FORM
PATIENT ONE TIME REQUEST FORM**

Account Name: _____

NSLS Account No: _____

Physician Name: _____

One time order request:

Standing order request: Unless indicated standing orders **expire twelve months (12) from order date**

Patient Name: _____

Date of Birth: _____

Patient Address: _____

Gender: _____

Billing Information

Client Bill: Patient Bill: Medicare: NorthShore IPA:

Test Code	Test Name	ICD-9	Effective Date	Expiration Date	Frequency

Additional copies to: _____

Fax Number: _____

Physician Signature: _____

Although current guidelines from the Office of the Inspector General (OIG) do not prohibit the use of standing orders, they specifically discourage their use. The guidelines do require that the written orders be obtained, that an expiration date be included and that the order itself does not constitute medical necessity. Additional documentation (an ICD-9 code at a minimum) may be required. OIG warns that the use of standing orders may result in unnecessary testing as defined by Federal Statute.

Please return to:

NorthShore University HealthSystem
Outreach Support Services,
9811 Woods Drive, Suite H180, Skokie IL 60077
Fax to (847) 663-2101