



PATIENT DEMOGRAPHICS			
LAST NAME	FIRST NAME	MIDDLE INITIAL	Date of Birth
			<input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS			
CITY		STATE	ZIP
TELEPHONE		SOCIAL SECURITY # (last 4) XXX-XX-_____	
PHYSICIAN INFORMATION			
PHYSICIAN		NPI #	
PHYSICIAN'S SIGNATURE		DATE / TIME	SURGERY/PROCEDURE DATE
OFFICE CONTACT NAME		OFFICE PHONE NUMBER	
LABORATORY TEST ORDERED		DIAGNOSIS CODE	
COVID – 19		SPECIMEN SOURCE: <input type="checkbox"/> Nasal <input type="checkbox"/> Nasopharyngeal <small>(ICD Code - required)</small> <input type="checkbox"/> Surgery/Procedure Clearance <input type="checkbox"/> Diagnostic Test	
INSTRUCTIONS			
<ul style="list-style-type: none"> Please include copy of patient's identification card and insurance card with faxed order form 			
Procedural/Surgical Clearance <ul style="list-style-type: none"> If patient requires Preadmission Testing (PAT) please fax to 713.441.5308 <ul style="list-style-type: none"> Appointment is required for PAT. To schedule call 713.441.6504 If patient DOES NOT require PAT please fax to 713.441.4417 <ul style="list-style-type: none"> Patient must call 713.441.5509 to schedule an appointment for off-site locations. Walk-ins are welcome at Smith 5 location. Must be collected 2 - 5 days prior to procedure/surgery 			
Diagnostic Test <ul style="list-style-type: none"> Please fax to 713.441.4417 To schedule an appointment call 713.441.5509 			
<i>Note: Testing of patients who have previously tested positive in the last 90 days is highly discouraged unless new symptoms have developed that are consistent with reinfection or a new infection. According to the CDC, patients who tested positive for COVID and have recovered may continue shed viral RNA for an extended period of time even when they are no longer infectious. If you believe your patient may have a new infection please consult infectious disease or the hospital epidemiologist.</i>			

