



SWEDISH LABORATORY SERVICES

STANDING ORDER REQUEST

Please print clearly

This form is used to create a recurring order for a patient needing lab work frequently.
The maximum amount of time the order can be in place is ONE YEAR.
Frequency is REQUIRED on the order (daily, weekly, monthly, etc.).

Patient Name: _____
Last First Mi

Date of Birth: _____

Ordering Provider: _____

Ordering Location: _____

Order Start Date: _____

Order Expiration Date: _____

Test Frequency: _____

PRN IS NOT ALLOWED. REQUIRES SPECIFIC FREQUENCY

Test(s)	ICD-10 REQUIRED
Test _____	ICD-10 Code _____
Test _____	ICD-10 Code _____
Test _____	ICD-10 Code _____

Authorization Signature _____ **Date** _____

Federal Regulation #493.1105 requires written authorization for all laboratory test orders. These must be submitted within 30 days of any verbal request to the referring laboratory.

The documents accompanying this transmission contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify Swedish/Edmonds Laboratory at (425) 640-4179 immediately and arrange for the return or destruction of these documents.

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FAX ORDER TO 425-640-4426