



Bassett Healthcare Network

CLARIFICATION OF ORDER/DIAGNOSIS REQUEST DOCUMENTATION

Laboratory Site: _____
 Patient Name: _____ MRN: _____
 Ordering Provider: _____ Visit #: _____
 Provider Phone #: _____ DOS: _____

Clarification of Orders:

Test(s) ordered on requisition that require(s) confirmation: _____

Confirmed test(s) ordered: _____

Test(s) confirmed by (name of person providing information): _____

Information collected by (name of person making call): _____

Date/time of call: _____

Diagnosis Request:

Date/time of call: (initial contact): _____

Record all subsequent calls if initial call was not successful:

Date/time of call: _____ Date/time of call: _____ Date/time of call: _____

Test(s) ordered: _____

Diagnosis provided (code or narrative): _____

Diagnosis provided by (name of person providing information): _____

Information collected by (name of person making call): _____

Clarification of Orders MUST be filed with the original requisition.

Diagnostic information MUST be forwarded to the Laboratory Coder for entry and filing.