



Beaufort Memorial HOSPITAL

REQUEST FOR OUTPATIENT CARDIOPULMONARY (RT EKG CRS) SERVICES

Elective Routine Urgent Emergency within 24 hours Pt Acct# _____

Patient Information

Patient Name _____ Address _____
DOB _____ M F Patient SS# _____

Referring Physician Signature _____

General Information

All orders must include an ICD-9 code or diagnosis. Test not covered by that code, may be charged to the patient. Please fill in the appropriate code or diagnosis for each test.

PLEASE SPECIFY SERVICE REQUESTED

Scheduling (843) 522 5015

RT/ Cardiopulmonary Services: RT EKG CRS For: _____

Service with Diagnosis

- | | |
|----------|-------------|
| 1. _____ | ICD-9 _____ |
| 2. _____ | ICD-9 _____ |
| 3. _____ | ICD-9 _____ |
| 4. _____ | ICD-9 _____ |
| 5. _____ | ICD-9 _____ |

Remarks / Special Instructions: _____

Procedure scheduled for: Date _____ Time to arrive at hospital _____

Dear Patient

You have the option to pre-register over the phone. Please call (843) 522-5759 or (843) 522-5759 between 8 am and 4 pm and be prepared to give your current address, phone number, and insurance information.

Upon your arrival to Beaufort Memorial Hospital, Please report to the Main Registration area and sign in. The next available registration personnel will check you in and process your paperwork. Please remember to bring your insurance card with you on the day of your appointment and present to the Registration personnel. In most cases, we will gladly file your insurance for you, but you are responsible for any charges not covered by insurance.

At BMH your registration personnel realizes your time is valuable- If you can offer any suggestions to improve our services, please do not hesitate to share your ideas. Patient questionnaires and surveys are available at the main Information Desk.

We Admit.... We Care.....