CATHOLIC Medical CENTER

100 McGregor Street
Manchester, NH

STANDING ORDER REQUEST FORM

PATIENT INFORMATION

Patient Name _____ _____
Last First Initial Date of Birth

Address _____ _____
Street Telephone

_____ _____ _____
City State Zip Code

Medical Record # _____ EMR #_____
Lab use

****

STANDING ORDER INFORMATION

Tests _____ _____ _____

ICD codes _____ _____ _____

Frequency ☐ **Daily** ☐ **Weekly** ☐ **Monthly**

☐ **Quarterly** ☐ **Other** _____
PRN is not valid

Effective date _____ _____ Duration of the standing order
Start Date End Date is limited to one year.

Comments _____

Requested by _____
Providers Name Practice Name

Fax the completed form directly to Catholic Medical Center Client Support @ 625-4511 for timely initiation of the standing order. This form may also be given to the patient to initiate the order.

7-2-2007ad edited 9-21-2009