

****This is not a Physician Order**** **TEMPLATE**

RESEARCH – Group #

Study

Ordering Physician – Dr.

Use IPlan #926 as Primary Insurance

Sponsor/ Research Service as non-standard of care

(To be used by Accounting for billing)

Patient Name

Procedure _____

Date of Birth Male/Female

Processing only _____

(if labs)

Testing required _____

Social Security Number *(if applicable)*

Date/Time of procedure *(if applicable)*

Please send with Physician Order for registration of research participants

****This is not a Physician Order****

RESEARCH – Group #

Study

Ordering Physician – Dr.

Use IPlan #926 as Secondary Insurance

Bill to Insurance /Standard of care

(To be used for tracking purpose only)

Patient Name

Procedure _____

Date of Birth Male/Female

Processing only _____

(if labs)

Testing required _____

Social Security Number

Date/Time of procedure *(if applicable)*

Please send with Physician Order for registration of research participants