Corthopedic Patient Cortex Cort	WELLSPAN [°] Lab Services	Fax To: 7 Gettysburg Ho Fax To: 71 York Hospita	Ephrata Community Hospital Laboratory Fax To: 717-738-6533 Gettysburg Hospital Laboratory Fax To: 717-337-4236 York Hospital Laboratory Fax To: 717-851-3296	
Patient Name SS# or Medical Record # Date of Birth Address Home Phone # House Call Requirement: This service is reserved for patients with significant difficulty leaving their home due to their medical condition and will be provided only when requested and authorized by a physician who certifies the need. Lack of transportation does not quality the patient for a house call. This service is not available on evenings, weekends or holidays. My signature and reason below confirm this patient is eligible for a York Hospital house call. Reason: Physician Signature Physician PRINTED First and Last Name COPY TO:	Orthopedic Patient In Non-Orthopedic Patient	atient		
Address Home Phone # House Call Requirement: This service is reserved for patients with significant difficulty leaving their home due to their medical condition and will be provided only when requested and authorized by a physician who certifies the need. Lack of transportation does not quality the patient for a house call. This service is not available on evenings, weekends or holidays. My signature and reason below confirm this patient is eligible for a York Hospital house call. Reason:	Approximate Date to Be Done:			
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Send copies of insurance cards. Comprehensive Metabolic Panel CBC & Auto Diff CBC; No Diff Lipid Panel (ABN) for non-covered services. Protime		Test Orders		
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Include an Advanced Beneficiary Notice □ Lipid Panel (ABN) for non-covered services. □ Protime □ □	Send copies of insurance cards.	CBC & Auto Diff	🗆 CBC & Auto Diff	
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