



National Diagnostic Services

Corporate Physician Order Form

To: NDS

Phone # 1-877-582-0202

FROM: Physician or DME (circle)

Name: _____

Address: _____

FAX: 1-866-636-0202

Phone # : _____

Fax # : _____

DATE: _____

Billing: _____

Medicare

Private Pay

(circle primary only)

Special Orders: _____

**** Please forward a copy of insurance cards (primary and secondary) with order**

_____ Respiratory testing: Simple Stress Tests (R & E) 94620

_____ With Overnight Oximetry : 94762

Patient Name: _____ D.O.B. _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone # : _____

Diagnosis Code: (circle all that apply) 786.09 428.0 492.8 496 327.23 786.05 493. 491.0 other _____

Physician: _____ Phone: _____ Fax: _____

Address: _____ City _____ State _____ Zip _____

Medicare Number: _____ SS # : _____

Insurance Address: _____

Secondary: _____ ID # _____ GR # _____

Insurance Address: _____ PH # _____

City: _____ State: _____ Zip: _____

Physician Signature: _____ Date: _____

Please fax prescription with order or physician signature must be on order form to release your
Overnight / Ambulatory Results

Fax # 866-636-0202