MITMedical

Claims and Member Services
Room E23-191
617-253-5979
mservices@med.mit.edu

Physician order form

This form is to be filled out by the patient's referring physician (when the physician is not at MIT Medical) to authorize MIT Medical to perform certain tests. Please bring the completed form with you to your appointment at MIT Medical.

PATIENT INFORMATION

Name _____ Date of birth _____

Address _____ Phone _____

ORDERING PHYSICIAN'S INFORMATION

Name _____ Phone _____ Fax _____

Office address _____

SERVICES/TESTS ORDERED

Test(s) requested _____ ICD-9 / DSM code _____

Standing order? ☐ Yes ☐ No If yes, indicate frequency: _____

Comments: _____

_____