

Refer for Dr. Consult



Received Lab Requisition

Scheduled in Clockwise

Scheduled at SC or TR

PHYSICIAN PRE-SCREEN and VOUCHER for COVID-19 TEST ONLY VISIT

This screening and voucher issuance can be done in person or via telephone, but **MUST** be completed before referring your patient to the Hoag Urgent Care for COVID-19 Testing

Patient Name: _____ DOB: _____ Patient Phone Number: _____

Referring MD Name: _____ Quest Acct # _____ NPI # _____

Referring Physician Phone Number _____ Date: _____

Do you have a Quest Order for test code 39433, SARS CoV RNA? Please fax 949-764-1116 or give to patient. Add appropriate ICD 10 code or Z20.828 exposure to COVID-19.

Risk Category A: Any below are a clear indication to test: please proceed with referral for TEST ONLY VISIT	Category B- Fever AND acute URI symptoms AND Risk Factors Below:
<input type="checkbox"/> Fever and acute respiratory illness AND close contact with confirmed COVID-19 patient.	<input type="checkbox"/> Age > 65 <input type="checkbox"/> Smoker <input type="checkbox"/> Not vaccinated for influenza
<input type="checkbox"/> Fever and acute respiratory illness AND developed symptoms within 14 days of returning from high risk travel as defined by CDC	<input type="checkbox"/> Immunocompromised- Please explain: _____ <input type="checkbox"/> Chronic lung disease- Please explain: _____
<input type="checkbox"/> Fever and severe acute lower respiratory illness requiring hospitalization and without an alternative explanatory diagnosis, regardless of travel or exposure history.	<input type="checkbox"/> Other- Please explain: _____

WE ARE NOT TESTING ASYMPTOMATIC PTS, EVEN WITH + COVID CONTACT

If the patient meets the screening criteria to be tested:

- Voucher issued to patient or verbally approved – Fax form to **949-764-1116** We will contact your patient by phone to arrange for drive by testing only. **If your patient needs further testing, such as rapid flu, clinical eval etc. They will need to be checked in.**
- Patient can call Info Line at 949 791 3000 in the meantime.

I would like to be notified of the test results via:

Tiger Text Fax: _____

Ordering Physician Signature: _____