University Health Shreveport

Community Care Provider
Request for Ordering Ancillary Services

(PLEASE PRINT OR TYPE)

NAME: _____ DOB:_____
Last First Middle

Contact Information:

Work Telephone: _____ Personal Telephone:_____
Email: _____

Written Prescription Below with ICD – 10 Diagnosis for Testing

PLEASE RETURN TO:
University Health Shreveport, 1541 Kings Hwy, Medical Staff Office, Shreveport, LA 71103
Phone: (318) 626-1080, Fax: (318) 626-3724