



Medical Imaging

TO: Health Care Providers, Office Managers and Office Scheduling Staff

FROM: Jerry Marmon- Manager, Enterprise Scheduling System
Ralph Lundquist- Administrative Director, Medical Imaging
John Waltz MD- President and Medical Director Boise Radiology Group

RE: Written Signed Orders

DATE: January 20, 2010

To ensure continuity of care, patient safety, and clarity, St. Luke's now requires a **written signed order** for all procedures; booking agents will ask orders be faxed to St. Luke's Central Scheduling department at the point of booking.

As of October 1, 2009 Central Scheduling department began scanning orders into the St. Luke's EDM system (Enterprise Document Management System) this allows technologist and radiologist access to the written signed order when needed.

To make this process simple for healthcare provider's and ensure best practice please fax written signed orders to St. Luke's Central Scheduling department at (208) 706-5855; please fax orders prior to the patients' appointment to minimize delays to your patient and/or call backs to your office. When submitting orders please use one of the following options listed below.

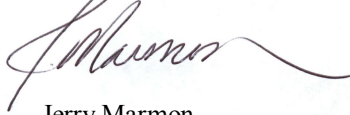
1. **Health Care Provider Appointment Request Form** - see attached. A space has been added to the form for the ordering healthcare provider's name to be printed as well as space for his/her signature; please no longer use outdated forms. The ordering health care provider must sign the request for it to be a valid order. *When using the enclosed HCP Appointment Request Form a separate lab order is no longer required.*
2. **Patient Confirmation Letter** - once your office has received a Patient Confirmation Letter please have the ordering healthcare provider review the letter, sign the letter at the bottom (including the date/time) and fax the letter back to the scheduling department. The signed letter will serve as the written signed order.
3. **You're Health Care Provider's Prescription or Form** - when faxing please make sure your prescription or form contains the following information.
 - Patient Name
 - Procedure Name
 - HCP Full Name and Signature
 - Diagnosis, Symptoms or ICD-9 Codes
4. **Electronic Order Form** - when sending please make sure your form contains the following information.
 - Patient Name
 - Procedure Name
 - HCP Full Name and Signature the order must state the HCP signature is electronically authenticated.
 - Diagnosis, Symptoms or ICD-9 Codes

Please note: All orders must be signed; the signature MUST be legible and be that of the licensed independent ordering health care provider, (MD, DO, NP, and/or PA only) to be valid; rubber stamped signatures are not acceptable per CMS guidelines. If an order is not signed or if a rubber stamp signature is used the ordering healthcare provider will be contacted and asked to re-submit.

In closing thank you for your adherence in providing written signed orders; if you have questions or if I can be of further assistance please contact me directly.

Thank you for choosing St. Luke's!

Best regards,

A handwritten signature in black ink, appearing to read "J. Marmon", with a long, sweeping flourish extending to the right.

Jerry Marmon
Manager, Enterprise Scheduling System
Central Scheduling Department
St. Luke's Health System
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