

1. Please fax COPIES of the following to 818-546-7147, to our Admitting Department for Pre-registration:
 - i. Patient insurance ID card.
 - ii. Patient driver license photo or ID.
 - iii. The bottom portion of this sheet.
 - iv. Patient's phone number.
2. Our pre-registration team will contact your patient to get additional information needed for full registration and to schedule an appointment for GMH drive-thru specimen collection for testing. Drive-thru instructions will be provided upon scheduling.

Instructions for patients:

1. PLEASE be prepare to provide the following at the GMH drive-thru station:
 - i. Appointment confirmation number (starts with GA following with 9 numbers- for example GA024111111).
 - ii. Driver license or photo ID.
2. You will sign a condition of admission (COA) to give us your consent to collect the specimen and bill your insurance.
3. Further instructions will be provided by the staff at the GMH drive-thru station.
4. We CANNOT test anyone without a DOCTOR'S order AND APPOINTMENT.

COVID TEST PHYSICIAN ORDER

Patient Name _____ **D.O.B.** _____

The above patient has Fever and signs / symptoms of a community - acquired lower respiratory illness (e.g., cough or shortness of breath) NOT requiring hospitalization

AND

Other exposure risk as indicated by the patient history and in my clinical judgement COVID-19 testing is indicated.

Date:	Time:	Physician Medical License #	Signature Physician: