

MEDICARE RESEARCH PATIENT REGISTRATION  
REGISTRATION ORDER

Patients name : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Service : \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Secondary Diagnosis: Examination of participant in clinical trial

Attending / Admitting Physician : \_\_\_\_\_

Patient Type: RESEARCH  
Service Type: RESEARCH  
Insurance/ Payor: MEDICARE RESEARCH

Complaint: Study Title: \_\_\_\_\_

NCT # [Authorization No.] \_\_\_\_\_

IND # \_\_\_\_\_ (if applicable)

IDE # \_\_\_\_\_ (if applicable)

Category A \_\_\_\_ Category B \_\_\_\_

List of tests/procedures which are part of research study and part of standard of care:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_
- 4) \_\_\_\_\_
- 5) \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date/ Time \_\_\_\_\_

Questions: Please contact: \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

