



KAISER PERMANENTE®

SOCO STANDING ORDER REQUEST

Patient Name: _____

KP #: _____

D.O.B. _____

Is this order a revision from a previously submitted standing order? Yes No

Test Name: _____ ICD.10 Code _____

Test Name: _____ ICD.10 Code _____

Test Name: _____ ICD.10 Code _____

Test Name: _____ ICD.10 Code _____

**Client Services will enter the standing order for up to one year (or less if indicated by duration).

Is this a change from a previously submitted standing order? __Yes __ No

Frequency: _____

(Must indicate frequency as weekly, bi-weekly, monthly, etc.-unable to enter as "PRN")

Start Date: _____ End Date: _____

Standing orders are only good for up to 1 year from the start date. If not renewed by the end date, the standing order will be cancelled. Client Services will send a reminder approximately 1 month prior to the end date to see if renewal is needed.

Comments: _____

Provider Signature: _____

Provider Name (Printed): _____

Provider Office Name: _____

Date: _____

Please fax to Client Services at 1-877-489-5586