



ROSEBURG VA OUTPATIENT AUTHORIZATION REQUEST

Phone: 541 440 1296 or 1-800-549-8387 ext. 44400

*****NOTES MUST ACCOMPANY THIS REQUEST*****

Fax: (541) 440 1278
COOS, CURRY, DOUGLAS, LANE COUNTIES

Today's Date: _____

Vendor's Name: _____

Vendor's Address: _____

Vendor's Phone: _____ Fax: _____ Tax Id: _____

Veteran's Name: _____ SSN: _____

Diagnosis: _____

Desired treatment, procedure, or referral: _____

Lab _____ X-ray _____ Rx _____ Other _____

Date of desired treatment, procedure, or referral: _____

Location of treatment if different from doctor's office: _____

Period of Care: Yes _____ No _____ (Indicate length of time and number of visits)

Surgical Procedure: Yes _____ No _____ (If yes, list CPT codes with cost estimates & ancillaries)

Comments: _____