



OUTSIDE PHYSICIAN LAB REQUEST FORM

Form with fields: PATIENT NAME, PATIENT DOB, PATIENT PHONE, DIAGNOSIS CODE, LAB TEST(S) ORDERED (IF INDICATED FREQUENCY AND DURATION), ORDERING PROVIDER SIGNATURE, ORDERING PROVIDER PRINTED NAME, ORDERING PROVIDER ADDRESS, PHONE, FAX, ORDERING PROVIDER NPI.

PLEASE ALLOW 48 HOURS FROM THE RECEIPT OF THIS ORDER FOR PROCESSING.

NOTE: IF THIS REQUEST IS FOR A DERMATOLOGIST, PLEASE BE AWARE WE PERFORM QUALITATIVE HCG (POSITIVE/NEGATIVE); A QUANTITATIVE HCG WILL BE SENT TO A REFERENCE LABORATORY.

