



*Home Draw Requisition - Phlebotomy Outreach Services*

## PHYSICIAN ORDER FORM

<b>"Bringing the Laboratory to You"</b>		PHYSICIAN: NPI or UPIN			DATE/TIME
LAST NAME		FIRST NAME	INITIAL	SEX	DOB
					SSN#
ADDRESS		CITY, STATE/ZIPCODE			PHONE
INSURANCE TYPE 1 (PRIMARY)			INSURANCE TYPE 2 (SECONDARY) <i>if applicable</i>		
Medicare: _____			Medicare: _____		
Medicaid: _____			Medicaid: _____		
<input type="checkbox"/> DC <input type="checkbox"/> MD <input type="checkbox"/> VA			<input type="checkbox"/> DC <input type="checkbox"/> MD <input type="checkbox"/> VA		
OTHER INSURANCE/NAME _____			OTHER INSURANCE/NAME _____		
Address _____			Address _____		
Policy Number _____			Policy Number _____		
<b>DIAGNOSIS: (MANDATORY)</b>					

**REQUESTED TESTS:**

\_\_\_\_\_

FAX RESULTS TO: \_\_\_\_\_

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

FREQUENCY: \_\_\_\_\_      START DATE: \_\_\_\_\_      END DATE: \_\_\_\_\_

**ROUTINE**     **STAT**    (**FASTING? \_\_\_yes \_\_\_no**)

**FAX LABORATORY ORDER TO: (800) 943-2987**