



TELEPHONE ORDERS FOR LABORATORY TESTING

The laboratory will accept a telephone order from a Licensed Provider with the expectation that a signed confirmation of the order will be forwarded to the laboratory within the next business day.

A record of your request has been captured at the time of the call and will initiate the order. For your convenience please sign and complete the form and fax back to client support. Your signature validates the test request and will allow us to test and bill for the order.

Telephone Order:
Date _____ Time _____ Priority _____
Requesting Provider _____
Patient Name _____ DOB _____
Test Requests: _____
ICD9 Code (Required) _____
Only definitive conditions, signs and symptoms can be submitted. Rule Out, Possible or Probable conditions can not be coded.
Patient to present to Location _____ Expected time _____
Fax results to _____ Call results to _____

Lab to Fax to the ordering Provider for Formal Authorization

Follow up for signature:
Please sign and fax back to laboratory client support 625-4811
Ordering Providers signature _____ Date _____

Request faxed to provider Date _____ Provider faxed signature Date _____

This completed form represents the authorization for testing and must be married to the requisition. 8-3-2007ad