



CLIENT I.D. #



LABORATORY REQUEST

PLEASE PRINT CLEARLY ALL INFORMATION MUST BE PROVIDED OR CLIENT ACCOUNT MAY BE BILLED.

PATIENT'S NAME LAST FIRST M.I. SEX () M () F D.O.B. TELEPHONE #

PATIENT'S ADDRESS CITY / STATE / ZIP CODE PATIENT'S SS# / I.D. # PATIENT SIGNATURE - Release of records & direct payment to lab

ORDERING PHYSICIAN SIGNATURE** PRINT NAME COPY TO: DATE COLLECTED TIME COLLECTED TECH.

PRE-OP STAT - CALL OR FAX DURING OFFICE HOURS ONLY TO:

FASTING NON-FASTING PHONE # FAX #

COMPLETE FOR ALL BILLING TYPES (Please attach a copy of MEDI-CARE or Insurance Card)

BILL TO: PATIENT INSURANCE IPA/HMO CAPITATION MEDICARE (ABN/MSPQ ?) MEDI-CAL CLIENT/PHYSICIAN

RESPONSIBLE PARTY/POLICY HOLDER RELATIONSHIP TO PATIENT SOCIAL SECURITY # EMPLOYER

INSURANCE COMPANY/IPA PLAN AUTHORIZATION # ID OR POLICY NO. MEDICAL / MEDICARE NO.

INSURANCE COMPANY ADDRESS CITY / STATE / ZIP CODE

Diagnosis(es) or Signs/Symptoms: REQUIRED

Provider/Physician Offices: An important message from Memorial Laboratory: We would like to remind providers that we cannot accept diagnosis(es) that include the terms "probable", "possible", "suspected", "rule out", "questionable" when ordering diagnostic services for your patient.

CHECK PROFILES + SPECIAL TESTS (CONTACT LAB FOR PANEL COMPONENTS) - (SEE BELOW FOR DIAGNOSIS INSTRUCTIONS)

Table with columns: PROFILES, INDIVIDUAL TESTS, REFLEX TESTS RESULT IN ADDITIONAL CHARGES. Includes various test codes, names, and CPT/ICD-10 codes.

ADDITIONAL TESTS/COMMENTS (PLEASE PRINT) *

Person authorized to release Diagnosis information:

PLACE COMPUTER LABEL HERE (LAB USE ONLY)

ICD-10 Codes for Tests Above

* Please provide an ICD-10 Code or narrative diagnostic information for each ordered test. Always attach an Advance Beneficiary Notice (ABN) if there is belief that Medicare will not reimburse for a test(s) ordered.