3860 Teays Valley Road, Hurricane, WV 25526
Email: info@medtestlabs.com; www.medtestlabs.com
Phone: (304) 757-9982; Fax: (304) 945-9093

Phlebotomy Requests Forms

Ordering Physician	**Patient Information**	
Physician's Name [Last, First]	Patient's name (Last, First, MI)	
Phone	DOB	Sex
Fax	SS #	
Address	Address	
Contact Person	Phone	

INSURANCE: Please provide complete information and attach a copy of insurance card (Both sides)

o Medicare o Medicaid o Insurance o Practice o Patient

Secondary Insurance Company Name	**Primary Insurance Company Name**
Insurance name	Insurance name
ID #	ID #
Group #	Group #
Insurance address	Insurance address
Name of insured person	Name of insured person
Relationship to patient	Relationship to patient

Homebound Condition (please, check)		
□ Paralyzed from stroke	□ Arteriosclerotic Heart Disease	□ Post surgery
□ Psychiatric problem	□ Blind	□ Other:

Test Description/Name	**ICD-10 Code/s**	**Date Drawn**	**Special Instruction**

Physician's Signature______________________________ Date ______________