

LABS TO GO OFFICE USE ONLY

Collection Date: ___/___/___
Collection Time: ___:___ AM/PM
Phlebotomist: _____



5541 Parliament Drive Ste. # 203
Virginia Beach, VA 23462
PH: (757) 490-8888/ FAX: (757) 490-0988

MOBILE LAB REQUEST FORM

Inaccurate or Incomplete information may delay results and/or collection

Patient Information:

SSN# _____ - _____ - _____

Patient Name: _____ D.O.B: ___/___/___ Gender: M/F
FIRST NAME MIDDLE NAME LAST NAME

Insured Responsible Party: _____ Phone Number: (____) _____
(if different from patient) FIRST NAME MIDDLE NAME LAST NAME

Collection Address: _____
City State Zip code

Insurance Carrier: _____ Policy #: _____ Group #: _____

Physician Information:

Name of Physician: _____ NPI or UPIN #: _____

Office Location: _____
City State Zip code

Physician Phone Number: (____) _____ **Fax Results:** (____) _____

Test Information:

ICD - 9 Codes (enter all that apply)								
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Test Name(s): _____

Special Instructions: _____

Please Circle: Fasting: YES / NO Standing Order: YES / NO Patient Home Bound: YES / NO

If Standing Order please enter start and end date: Monthly _____ Weekly _____

Start Date: ___/___/___ End Date: ___/___/___

Doctor Signature: _____ Initials: _____ Date: ___/___/___

Collection Site: ___ HOME ___ NURSING HOME ___ ASSISTED LIVING FACILITY (Name of Facility): _____

PLEASE SEND THIS FORM TO "LABS TO GO" BY FAX OR EMAIL:

FAX: (757) 490-0988 / E-mail: orders@labstogo.com (Subject Line: Mobile Collection)