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LabCorp  Laboratory Corporation of America
To find the person potion

To find the nearest patient service center, visit www. labcorp.com or call 888-LABCORP (888-522-2677)

☐ Fax	Send additional copy of report to:	( )	1
□ Call	Client Number/Physician's Name	Phone/Fax Number	0702.14
☐ Mail	Physician's Address	City, State, Zip	0702.14

LEASE

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PLEASE

Patient's Legal Name (Last, First, MI)		Sex		of Birth	Collection Tim		Collection I	Date	Urine hrs/vol
			MO	JAY YH		AM  Yes	MO DAY	hrs.	vol
NPI	UPIN	Physic	ian's ID#			t's SS#			nt's ID#
Physician's Name (Last, First)	Physician/Autho	rized Signa	ature	Hospital Pa	atient Status:	☐ In-Patient	☐ Out-P	atient [	☐ Non-Patient
Diagnosis/Signs/Symptom in ICD-9-CM F	ormat (Highest Specificity)			Patient's	Address		Pho	ne	
REQU	JIRE	D	PATIENT	City			Sta	te	ZIP
PRIMARY BILLING PARTY	SECONDARY BILLIN	NG PART	/ >	Name of	Policy Holder (if	different fro	m patient)		
Insurance Carrier *	Insurance Carrier *		PARTY	Address of	of Policy Holder				APT #
ID #	ID #		ESP.	City			State	е	ZIP
Group #	Group #				release of medical inform	nation related to the	service described he	rein and authorize	payment directly to LabCor
Insurance Address	Insurance Address		i ä	gree to assume re	esponsibility for paymen	t of charges for la	boratory services tha	it are not covered	payment directly to LabCord by my healthcare insure
Name of Insured Person	Name of Insured Person		Pa	tient's Signature					Date
Relationship to Patient	Relationship to Patient				E ADVANCE BI				· · · · · · · · · · · · · · · · · · ·
Employer Name	Employer Name			1101	or to Botomini	ig 1400000ity			
*If Medicaid State Physician's Provide	er# Wo	rkers Comp Yes 🛮 No	)				TRAVEL L	IOG ID	
					PS	T HR#	DAT	E	LOG#