

# ADD ON TEST REQUEST



**Ordering Client Information:**

**Client Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**Account:** \_\_\_\_\_

**Patient Information:**

**Patient Name:** \_\_\_\_\_  
**Order #:** \_\_\_\_\_  
**ID/MR #:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

ADD ON TEST REQUEST

We are accepting this form as a written Add On request for the above referenced patient for the test(s) listed below. If we are unable to perform this request you will be notified by Client Services.

ADDITIONAL TESTS REQUESTED

Test #	Test Name	Request Date & Time

AUTHORIZATION

Printed Name and Title of Authorized person: \_\_\_\_\_  
Signature of Authorized person: \_\_\_\_\_

RETURN ADDRESS

Please return this signed request document via fax to Client Services (locations below):

Main Laboratory: 424 South 56 <sup>th</sup> Street Phoenix, AZ 85034 Fax: 602.685.5401	Southern Arizona: 630 N. Alvernon Way Tucson, AZ 85711 Fax: 520.546.1239
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