

3rd PARTY REQUISITION FORM



Customer Support 866.358.9828 | f 866.869.0148

LAB USE ONLY

Empty box for CLIENT ID

LAB USE ONLY

CLIENT ID

INSTRUCTIONS

- 1. Please complete all highlighted areas in their entirety.
2. Please provide all specimen information (draw date/time).

PRACTITIONER INFORMATION

Form fields for Practitioner Information: Client ID, Practice Name, Practitioner ID, Practitioner Name, NPI, PECOS Validated?, Address, City, State, ZIP, Phone, Fax.

TEST MENU (Please fill in box completely)

TEST MENU grid with categories: INFLAMMATION, LIPIDS, METABOLIC, HYPERTENSION/HEART FAILURE, VITAMINS/SUPPLEMENTS, FATTY ACIDS, HORMONES, ANEMIA/IRON METABOLISM, THYROID FUNCTION, CANCER, COAGULATION/PLATELET FUNCTION, GENETICS, ROUTINE PANELS, STANDARD LABORATORY TESTS, CLEVELAND CLINIC WELLNESS PROGRAMS, OTHER.

PATIENT INFORMATION

Form fields for Patient Information: DOB, Sex, Last Name, First Name, Middle Initial, Address, City, State, ZIP, Phone, Ht., Wt., BMI, Fasting?, Race, Patient Demographics Sheet Attached, Other Patient ID, Last Four Digits of SSN.

BILLING INFORMATION (Check only one billing option)

Billing options: Insurance, Medicare#, Self-Pay.

DIAGNOSIS (ICD-10 Code)

Grid of ICD-10 codes for diagnosis, including categories like Iron deficiency anemia, Atherosclerotic heart disease, etc.

Note: The provided ICD-10 codes are listed as a convenience. Ordering practitioners should report the diagnosis code that best describes the reason for performing the test...

COMMENTS: text area for additional notes.

Initials: Time: Draw Date:

Practitioner's Signature: X

Date: X