



EAST SIDE CLINICAL LABORATORY

A Sonic Healthcare Company

House Calls (401) 455-8404 (Ext 2) Fax (401) 455-8488
For additional blank forms: www.esclab.com

Laboratory Use Only

NEW ORDER

RENEWAL

PHYSICIAN AUTHORIZATION FOR HOME VISIT AND TEST ORDER

In order to provide House Call services, please provide **ALL INFORMATION** and fax back to our office as soon as possible. **INCOMPLETE OR ILLEGIBLE FORMS WILL DELAY BOOKING!!!**

PHYSICIAN SIGNATURE: _____ **DATE:** _____

SIGNATURE VERIFIES THAT PATIENT IS HOME BOUND

PRINT PHYSICIAN NAME _____
LAST (PLEASE PRINT) FIRST MI

NAME: _____ SEX: M ___ F ___ DOB: ___ / ___ / ___

ADDRESS: _____ APT# _____ PHONE NO: _____

CITY: _____ ST: _____ ZIP: _____

EMERGENCY CONTACT: _____

INSURANCE: _____ GROUP AND POLICY #: _____

STARTING DATE: _____ ENDING DATE: _____ FREQUENCY: _____

DX CODES (MUST BE ICD 10): _____

TESTS: _____

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Laboratory Use Only

Current Order Expired: _____

Ordered by: _____

Order taken by: _____