MADISON CORE LABORATORIES

Results for Better Living

IN-HOME PHLEBOTOMY REQUEST FORM (NEW PATIENT) *PLEASE PRINT*

REQUESTED BY INFORMATION:

Date:

Name: Phone:

From: □ Provider's Office □ Other

PROVIDER INFORMATION:

Last Name: First Name: NPI:

Address:

City: State: Zip:

Phone: Fax:

PATIENT INFORMATION:

Last Name: First Name:

Address:

City: State: Zip:

Phone: E-mail:

Date of Birth: Sex: M / F SSN:

Insurance: Group #: ID #:

☐ PT/INR	☐ GLUC	☐ Lipid Panel	☐ TSH	☐ VIT D 25-OH
☐ CBC W/ DIFF	☐ LYTES	☐ Hepatic Func. Panel	☐ VIT B12	☐ PSA
☐ H&H	☐ CMP	☐ Renal Func. Panel	☐ Folate	☐ Microalbumin, Urine
☐ ESR	☐ BMP	☐ HgbA1C	☐ Ferritin	☐ UA/C&S IF IND

Additional Tests:

Diagnosis:

Start Date: End Date:

Frequency:

Additional Info.:

FAX TO: (256) 850-3186

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