

PATIENT INFORMATION				INSURANCE /3RD PARTY BILLING			
FACILITY NAME		ROOM#-BED		NAME OF RESPONSIBLE PARTY		STREET ADDRESS (HOME)	
Brooks Middle School							
PATIENT NAME				CITY	STATE/ZIP	PHONE:	
LAST FIRST MI.							
SEX	AGE	DATE OF BIRTH	SOCIAL SECURITY NO.	MEDICARE #		MEDICAID #	
			- -				
PATIENT'S PHYSICIAN			NPI #	INSURANCE COMPANY NAME: POLICY #		INSURANCE GROUP #	
Asim Saeed			1033421953				
DR./NURSE SIGNATURE				STATE ID DRIVER'S LICENSE NUMBER		SCHEDULED DATE OF COLLECTION	
						DATE/TIME ACTUAL COLLECTION	
						NSC	
IF ORDERING STANDING ORDERS - PLEASE COMPLETE THE STANDING ORDER FORM						SPECIMEN COLLECTED BY:	
IF NURSE OR DIALYSIS TECH DRAW: ☐ PICC LIN E ☐ PERIPHERAL DRAW SITE DRAWN: ☐ Rt Arm ☐ Lt Arm ☐ Rt Hand ☐ Lt Hand							
SARS-CoV-2				Other Tests, Special Instructions, Clinical History			
DX: ☐ Z03818, ☐ Z20828, ☐ R06.02, ☐ R50.9, ☐ Other: _____ ☐ SARS Covid 2 IgG/IgM, SST ☐ SARSCoV2 RNA, RT-PCR, UTM Swab ☐ Respiratory Panel PCR w/Covid 19 UTM Swab ☐ Rapid Antigen ☐ Rapid Antibody ☒ DX Z20.822							
Email Addresses							
Email (for result record):							
☐ PATIENT REFUSED - NURSES SIGNATURE: _____ DATE: _____ TIME: _____							