

Email: office@reliancemedlabs.com

CLIA#: 45D2099319

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Please send patient's demographics and copy of insurance card with requisition

Patient Information:

Patient's Last Name:		Patient's First Name:	
Patient's Date of Birth:		Patient's Social Security #:	
Patient's Address City, State, Zip Code:			
Patient's Phone Number:		Patient's Email Address:	
Patient's Gender:	(Circle) MALE OR FEMALE	Does the Patient have insurance?	YES OR NO
(Male or Female)		(Circle Yes or No)	
Primary Insurance Provider:		Secondary Insurance Provider:	
Member ID #:	Group ID #:	Member ID #:	Group ID #:

For Self Pay - Who do we contact for payment?	
Contact name	Contact Phone Number

Physician and Facility Information

Facility Name:	Authorizing Physician's Name:
Facility Address, City, State, Zip Code:	Authorizing Physician's NPI #:
Phone Number:	Phone Number:
Fax Number:	Fax Number:

Place a check mark by selected test and Ordering Physician should provide updated ICD10 codes that best describes the reason for the test.

HEMATOLOGY	ICD 10 CODE	CHEMISTRY	ICD 10 CODE	Fasting (Circle One)	YES OR NO	
<input type="checkbox"/> CBC - Complete Blood Count		<input type="checkbox"/> CMP		Wellness Panel - Female CBC, CMP, HbA1c, Thyroid Panel w/ T3, T4, TSH, Vitamin B12, Vitamin D-25, UA, and UTI Pathogens with Antibiotic Resistance		
<input type="checkbox"/> H&H - Hemoglobin and Hemocrit		<input type="checkbox"/> BMP				
<input type="checkbox"/> HbA1c		<input type="checkbox"/> CRP				
<input type="checkbox"/> ESR		<input type="checkbox"/> CK				
<input type="checkbox"/> BNP		<input type="checkbox"/> URIC ACID				
PCR TESTING		ICD 10 CODE		Wellness Panel - Male CBC, CMP, HbA1c, Thyroid Panel w/ T3, T4, TSH, PSA, Vitamin B12, Vitamin D-25, UA, and UTI Pathogens with Antibiotic Resistance		
<input type="checkbox"/> RP Panel - COVID+RSV+Influenza A/B		<input type="checkbox"/> Magnesium		OTHER TEST (Please Specify) ICD 10 CODE		
<input type="checkbox"/> RSV+Influenza A/B		<input type="checkbox"/> Phosphorus				
<input type="checkbox"/> COVID+Influenza A/B		<input type="checkbox"/> Iron				
<input type="checkbox"/> COVID+RSV		<input type="checkbox"/> Lipid Profile				
<input type="checkbox"/> COVID Only		<input type="checkbox"/> Liver Function				
<input type="checkbox"/> RSV Only		<input type="checkbox"/> Renal Profile				
<input type="checkbox"/> Influenza A/B Only		IMMUNOASSEYS				ICD 10 CODE
<input type="checkbox"/> Wound Culture		<input type="checkbox"/> Thyroid Panel w/ T3, T4, TSH				
Please Specify Site:		<input type="checkbox"/> Free T3				
<input type="checkbox"/> UTI Pathogens with Antibiotic Resistance		<input type="checkbox"/> Free T4				
Urine Testing		ICD 10 CODE				
<input type="checkbox"/> Urinalysis		<input type="checkbox"/> Vitamin B12				
<input type="checkbox"/> Uring Drug Screen		<input type="checkbox"/> Vitamin D-25				
<input type="checkbox"/> Micro Albumin		<input type="checkbox"/> PTH Intact				
<input type="checkbox"/> Micro Albumin/CR Ratio		<input type="checkbox"/> PTH w/ Calcium				
<input type="checkbox"/> Culture, Urine		<input type="checkbox"/> Folate				
		<input type="checkbox"/> Ferritin				

MEDLIFE DIAGNOSTIC SERVICES - RADIOLOGY

XRAYS	CARDIOLOGY	ULTRASOUNDS	
<input type="checkbox"/> CHEST XRAY AP/LAT	<input type="checkbox"/> EKG	<input type="checkbox"/> Abdomen Complete	
	<input type="checkbox"/> 2D Echo-cardiogram	<input type="checkbox"/> Upper Extremity Arterial Doppler	
OTHER, (PLEASE SPECIFY):			<input type="checkbox"/> Lower Extremity Arterial Doppler
			<input type="checkbox"/> Upper Extremity Venous Doppler
			<input type="checkbox"/> Lower Extremity Venous Doppler
			<input type="checkbox"/> Lower Extremity Venous Doppler

Please complete all form fields, incomplete requisition form will delay results.

Physician/Nurse Signature (Required): _____ Date: _____

By signing this order you agree on behalf of the patient to authorize Reliance MedLabs/MedLife Diagnostics and their reference lab partner, to render services by collect the samples for diagnostic testing. You also authorize Reliance MedLabs/MedLife Diagnostics and their reference lab partner to submit claims containing your patients private health information for the purpose of procuring payment of Reliance MedLabs and for all the laboratory services rendered. Reliance MedLabs/MedLife Diagnostics and their reference lab partner, can reach out to the patient or representative for payment for service not covered by insurance.