



- Stat Fax Phone Results Portal

Enter information to send results VENIPUNCTURE

PATIENT (LAST NAME) (FIRST NAME) (M.I.) DATE OF BIRTH SEX PATIENT STREET ADDRESS CITY STATE ZIP PATIENT PHONE NO. PATIENT ID NO. SOCIAL SECURITY NUMBER DATE COLLECTED TIME COLLECTED FASTING REFERRING PHYSICIAN BILLING INFORMATION - PLEASE CHECK APPROPRIATE BOX AND SUPPLY COMPLETE INFORMATION

If information in not complete or is missing within 7 days. This bill will be converted to Client Bill.

INSURED/PATIENT SIGNATURE DATE:

FAMILY PACT / SOFP-FAMILY PLANNING ESSAYS

Table with columns: FEMALE ONLY, ORAL CNTR, DEPO / INJ / VAG / IMPL, BARRIERS, BTL, IUC / IUD, EMERGENCY, MALE ONLY, BARRIERS, VASECTOMY. Includes rows for 732 Chlamydia, 734 GC, 301D Hemoglobin, etc.

GC / Chlamydia: 2nd Dx, URINALYSIS: 2nd Dx, Trichomonas V. / Wet Mount: 2nd Dx

ADDITIONAL TESTS - SECONDARY ICD-10 DIAGNOSIS REQUIRED

801 CYTOLOGY / PAP SMEAR, HISTORY OF PATIENT, 805 BIOPSY

CBC: 2nd Dx, HPV: 2nd Dx, GRP Beta Strep Scrn: 2nd Dx

COMMENTS OR SPECIAL INSTRUCTIONS

PATIENT'S SIGNATURE PHYSICIAN'S SIGNATURE

- SST, LV, GR, UR, R, BX, C, CVM, TP, SP, SL, SW, DS, KOH, SERUM SEP, LAVENDER, GRAY, URINE, RED, BIOPSY, CULTURETTE, VIRAL MEDIA, THIN PREP, SURE PATH, SLIDE, SWAB, DNASWAB, KOH, OTHERS

FORM: SOFP-PANEL V14REV