PACIFIC DIAGNOSTIC LABORATORIES

FAX REQUEST FOR TEST ADD-ON

FAX: 805-692-4611

Patient Name: _____

Date Add-On Requested: _____

Date of Birth: _____

Date Specimen Collected: _____

Requesting Physician: _____

Phone: _____ Fax: _____

*****THIS FORM MUST BE FULLY COMPLETED BEFORE IT WILL BE PROCESSED*****

TESTS ADDED ON Test Added

☐ USE ICD-9 CODES FROM ORIGINAL REQUISITION

1) _____ ICD-9 _____ Y N

2) _____ ICD-9 _____ Y N

3) _____ ICD-9 _____ Y N

4) _____ICD-9 _____ Y N

AUTHORIZING SIGNATURE_____ DATE_____
(MD / PA / NP)

(Written authorization is required for all laboratory test orders)

For Lab Use Only

Add on Done By: _____

9/27/2013