



TL Marshall, MD

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CLIA ID # 06D0519294

St. Mary's Regional Hospital Laboratory Requisition

2635 North 7th Street Grand Junction, CO 81501 (970) 298-2071 (Phone) (970) 298-2286 (Fax)

Priority Testing

Collection Date: ____/____/____

Fasting: Yes No

STAT

Collection Time: _____ AM / _____ PM

Requesting Physician/Provider, Address, Phone/Fax, Copy To, Diagnosis Codes

Patient and Billing Information (Please Print)

Last Name, First Name, Initial, Previous Name, Birth Date, Sex, Address, City, State, Zip, Phone, Social Security Number, Primary Insurance Company, Subscriber Number/ID Number, Group Number

Client Bill (Circle one) Community Hospital Lab VA Lab FHW Lab Other

Chemistry, Panels, Microbiology, Hematology, Coagulation, Additional Testing, Patient Label here.

For Lab use only, Specimens, Audit