



Request to Add on Laboratory Tests

Completed form must be faxed to 307-739-7323

Forms faxed to another number may not be processed

Patient Name:

Date of Birth:

Original date of testing:

Test(s) to be added:

Diagnosis:

Ordering Physician Name:

Signature:

Date:

Internal use only

Completed by: _____ Date: _____

Add On request scanned to patient registration orders (Date/by): _____