



CLIENT AUTHORIZATION for VERBAL ORDERS or ADD-ON TEST REQUESTS

CLIENTS AUTHORIZATION: Medicare and CLIA regulation requires that all verbal requests for laboratory tests are permitted only if the laboratory subsequently obtains written authorization for such tests within 30 days of request. Please sign below and return to the laboratory.
THANK YOU.

Authorized Signature: _____ Date: _____

Date:	Client #:
Patient's Name:	D.O.B.:
AMA Lab Accession #:	
Physician's Name:	

Test(s) to be Added:
ICD-9 Code(s):

Date Sent:	By Whom:
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For internal use only

Date Rec'd at Lab:	By Whom:
<input type="checkbox"/> Able to be added	<input type="checkbox"/> Unable to be added
	Called by:
	Informed: