



Porter Hospital Laboratory
 115 Porter Drive
 Middlebury, Vermont 05753
 Phone: 802-388-4747
 Fax: 802-388-8838

OUT-PATIENT ADDITIONAL ORDERS FORM

-----To Be Completed By Office-----

Patient: _____
Name Date of Birth Date Specimen Collected

Tests to be Added	DX/ICD-10 Code Required for Billing
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Ordering Physician: _____ **Office:** _____

Authorized Signature: _____ **Date:** _____

-----FOR LAB USE ONLY-----

Tests Added To: _____
Specimen# Initials

Scanned into Meditech Registration Desktop by: _____

Unable to Add Tests: _____ **TNP Ordered:** _____ **TNP Answered:** _____
Reason Initials Initials

Comments: _____
