Laboratory Services

A Department of Rutland Regional Medical Center

FACILITY
☐ Rutland Health & Rehab ☐ Genesis – MVC
☐ The Pines ☐ The Meadows
☐ Other: _____

160 Allen Street, Rutland, VT 05701 | www.RRMC.org | 802.747.1771 | Fax 802.747.3631

OUTPATIENT REGISTRATION: NURSING HOME

TO BE COMPLETED BY NURSING HOME

Physician Signature: _____ Physician Name Printed: _____ Date/Time: _____

Nursing Home Staff Signature (On behalf of Physician): _____ Date/Time: _____

Test/Procedure: _____ Diagnosis: _____ Specimen Type: _____ Time Obtained: _____

Test/Procedure: _____ Diagnosis: _____ Specimen Type: _____ Time Obtained: _____

Test/Procedure: _____ Diagnosis: _____

Test/Procedure: _____ Diagnosis: _____

FAX RESULTS: _____

STAT: _____

PATIENT / FACILITY INFORMATION

Patient Name: _____ Sex: ☐ M ☐ F Social Security #: XXX-XX-_____DOB: _____

Guarantor Name, Address and Phone #: _____

PATIENT INSURANCE INFORMATION

☐ **Medicare Patient is Level 1 (Bill Nursing Home)**	☐ **Patient is not Level 1 (Complete Insurance Information Below)**

Primary Insurance Company Name:	
Mailing Address:	Phone Number:
	Policy #: Group #:
Subscriber Name:	Subscriber Relationship to Patient:

Secondary Insurance Company Name:	
Mailing Address:	Phone Number:
	Policy #: Group #:
Subscriber Name:	Subscriber Relationship to Patient:

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Rutland Regional Medical Center
An Affiliate of Rutland Regional Health Services
160 Allen Street, Rutland, VT 05701 • 802.775.7111 • www.rrmc.org

Original → Laboratory
Yellow → Nursing Home

Patient Label