

UVM Health Network/Porter Medical Center/Laboratory 115 Porter Drive

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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.	i	
3.	_	
4.		
5.	<u>l</u>	
Ordering Physician:		Office:
Authorized Signature:		Date:
FOR L	AB USE ONLY-	
Tests Added To:	Initials	
Scanned into Meditech Registration Desk	top by:	
Unable to Add Tests: The Reason	NP Ordered:	
		minuis
Comments:		