

About Requests for Documentation around Diagnosis and/or Showing Testing

Please follow the instructions below on how to proceed in making a request so that it can be processed in an efficient manner. The required information will need to be complete in order to assist you with your request. This is especially important since we are dealing with third parties. That's why all the information asked for below is required.

Name _____

Address _____

Are you the primary subscriber to the health insurance policy? _____

If not, who is, and what's their relationship to you? _____

What's their DATE OF BIRTH and address? _____

Which patient is the letter or document to be prepared for? _____

Who is it going to (include their FAX no, postal address and/or email)? _____

What is the purpose of the letter or document? _____

It is incumbent on you to obtain and provide to us ALL information required so we can complete all requests, even if we ask for someone's address or telephone number. Further, it is your responsibility to transmit the completed document, once it is prepared, to the designated recipient.