



Maricopa
Wellness
Center
Med Spa

Patient Demographics- A Copy of Your Report Will Be Mailed to You:

Patient Name (Last,First, MI): _____

DOB (MM/DD/YYYY): _____

Patient Sex: M or F

Street Address: _____

City, State & Zip: _____

Phone Number: _____ Relationship to Insured: _____

Insurance Company Name: _____

Insurance ID #: _____

Group #: _____

Diagnosis Codes: **Z20.828 / Z11.59**

I am Uninsured:

Social Security or Driver's License Number Required: _____

Order Information:

Acct # 02037490 -Maricopa Wellness Center- COVID-19 (Standing Order Exp 07/31/2021)

Kristina Donnay FNP-C / NPI 1972087013

Order Test Number Name: **907080- SARS- CoV-2 RNA, QL, RT PCR (COVID-19)**

Source: Nasopharyngeal

Lab Use Only

Date & Time of Sample Collection: _____

Internal Comments: _____

Note- Send Duplicate Report to Patient