

ConnectCare and Wellness.

33 Union City Rd STE 1D Prospect , CT 06712.

Laboratory Order Form

Instructions for patient: Please take this order form to your local laboratory for blood draw. Ensure you bring your insurance information and I.D. with you.

Instructions for lab: Please fax results to **(8)** or email results to **(Your Email Address)**

Patient Information:

Last name First name Date of Birth

Phone Number Address, state, zip

Medical Provider Information:

Medical Providers name NPI#

Signature Date

Lab Orders:





Standard order set #1

Standard order set #2



Standard order set #3

Additional Labs:

Dx Code: (Insert DX codes here)