

# 1<sup>st</sup> Choice Phlebotomy

Ph 888-583-6116 Fax 888-679-8271

[orders@1stchoicelab.com](mailto:orders@1stchoicelab.com)

\*\*\*\*\*All info must be completed or appt will not be scheduled, please attach ins cards

Patient Name \_\_\_\_\_ DOB \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ CELL PHONE# \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DRS FULL NAME \_\_\_\_\_ DRS NPI \_\_\_\_\_

INSURANCE NAME \_\_\_\_\_ ID # \_\_\_\_\_ GROUP # \_\_\_\_\_

POA OR BILLING CONTACT \_\_\_\_\_

TESTING NEEDED \_\_\_\_\_

DX CODES \_\_\_\_\_

DATE TO BE DRAWN \_\_\_\_\_

FASTING Y OR N

HOMEBOUND STATUS Y OR N

GENDER M OR F

FAX FOR RESULTS \_\_\_\_\_

CALL THESE NUMBERS FOR RESULTS-

LABCORP 1-888-522-2677 QUEST 1-866-697-8378

ATTN LABS!! DO NOT PUT THESE UNDER 1<sup>ST</sup> CHOICE ACCTS