



MNG LABORATORIES

A LabCorp Company

Verbal Order, Add On, Order Clarification Form

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This form is utilized to request additional testing or clarify an order on specimens that have previously been submitted to MNG Laboratories, as well as for verbal order verification. Please provide all requested information, sign and fax to **678-225-0212**. MNG Laboratories personnel will transfer the requested information from the original test order and/or contact you if additional sample is required.

Patient Demographics

Patient Name:	Today's Date:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Accession or Patient ID#:	
Clinical Information [ICD10 code]:	
Type of Request: <input type="checkbox"/> Add On Request <input type="checkbox"/> Verbal Order <input type="checkbox"/> Order Clarification	

Testing Information

Specimen Type:
Collection Date of Specimen:
Name of Test(s) or Test Code(s):

Referring Physician Information

Physician Name	NPI # or equivalent (Required)
Facility / Organization	Signature
Facility Address City, State, Zip Code	<input type="checkbox"/> Same as billing
Report Delivery <input type="checkbox"/> Fax	<input type="checkbox"/> Email Phone

Billing Information

Self-Pay? <input type="checkbox"/> Yes	If yes, MUST include payer contact name & details below. Payment must be received in full prior to testing.	
Facility	Contact Name	
Billing Address		
City, State, Zip Code		
Phone	Fax	Email

Additional Notes

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Signature of Physician or Authorized Designee (required): _____

Please fax completed form to **678-225-0212**