Premier Draw Services
Direct Line (602) 318-5854
Fax Labs to: (602) 428-9948

Integrated Healthcare Mobile Solutions
1840 E Baseline Rd. Suite A1
Tempe, AZ 85283
Phone: 480-718-5400
Fax: 877-666-4624

PLEASE INCLUDE
Lab Corp acct. # 02550010
Sonora Quest acct. # 14909

PATIENT DEMOGRAPHICS

Name_____ (Last Name First Name)
Address_____
Social Security Number_____
Phone Number_____
Date of Birth_____ Gender_____
Primary Ins._____
Secondary Ins._____

PLEASE attach a copy of patient's insurance cards (front & back)

PHYSICAN INFORMATION

Physician Name_____
NPI #_____
Phone Number_____
Fax Results To_____

ASSISTED LIVING FACILITY/HOME HEALTH AGENCY INFORMATION

Name_____
Phone Number_____ Fax Results To_____

COLLECTION SCHEDULE

_____Weekly
_____Bi-Weekly
_____Week of
_____PRN
_____Monthly
_____One-time Collection

DIAGNOSIS CODES

1._____ 2._____
3._____ 4._____
5._____ 6._____

TEST(S) NEEDED

_____ALT/SGPT
_____AST/SGCT
_____BNP
_____BMP
_____CRP
_____CBC w/ diff
_____CK, total
_____CMP
_____Glucose
_____Ferritin
_____Folate
_____Hepatic/Liver Panel
_____HGB A1C
_____Lipid Panel
_____Phenytoin (Dilantin)
_____PSA
_____PT/INR
_____Sed Rate (ESR)
_____TIBC
_____T3, free
_____T4, free
_____TSH
_____Valporic Acid (Depakene)
_____Vitamin B-12
_____Vitamin D (25 hydroxy)
_____Uric Acid
_____Urinalysis
_____C & S, if indicated

Additional testing needed:

Provider Signature_____
Date_____

Date Drawn:_____ Time Drawn:_____ Drop Off:_____ Fasting: Y N

Red Blue Lav SST Phleb:_____