TREATING HEALTHCARE PROVIDER REQUEST FOR LABORATORY REPORTS

TO: Diagnostic Laboratory of Oklahoma ("DLO"),

I am requesting that my patient's laboratory test result(s), which were ordered by another healthcare provider, be released to me solely for treatment purposes.

(Note to Treating HealthCare Provider: In order for us to identify the requested patient test results (reports), please complete all **required** information. Using the information provided, we will attempt to identify the laboratory tests results. * Indicates **REQUIRED** information.)

A. TREATING HEALTHCARE PROVIDER INFORMATION:

Name*: ______________________________ Phone Number (_______) ___________________
First Name Middle Name/Initial Last Name

Address*: ______________________________ Fax Number (_______) ___________________

DLO Account #*: ____________________ **or NPI #*:** ____________________ **or Tax ID #*:** ____________________

B. PATIENT'S INFORMATION:

Name*: ______________________________ Phone Number(s) (_______) _______________
First Name Middle Name/Initial Last Name (_______) _______________

All other Names (nicknames, alternate spellings, former names, etc.): ______________________________

Date of Birth*: ______________________________
(MM/DD/YYYY)

Address*: ______________________________

Social Security # (last 4 digits): ____________________ Insurance ID#: ____________________

C. LABORATORY INFORMATION:

Date(s) of Service*: ______________________________

Test(s)*: ______________________________

Ordering Physician's Name*: ______________________________ Phone Number (_______) _______________
First Name Middle Name/Initial Last Name

Ordering Physician's Address: ______________________________

(An authorized designee of the treating provider may request information on behalf of the provider.)

D. TREATING PROVIDER'S SIGNATURE:

By signing below I request that DLO provide test results as indicated above.

______________________________ ______________________________
Signature* **Date***

____
Print Name and Title

Please return completed request to:
Diagnostic Laboratory of Oklahoma
Attention: Client Services
Fax #: 610-271-9804