



Pinpoint Phlebotomy
 1830 Park Avenue
 Bridgeport, CT 06604
 Phone # 203-685-7290

www.pinpointphlebotomy.com

Pinpoint Phlebotomy office use only:

Collection date: _____

Collection Time: _____

Phlebotomist: _____

PINPOINT PHLEBOTOMY LAB REQUEST FORM

**Inaccurate or incomplete information may delay collection and/or results*

Patient Information:

Patients Name: _____ Drivers Lic# _____ Date of Birth _____ Male or Female _____

Collection Address: _____ Apt/Unit# _____

City: _____ State: _____ Zip: _____

Home Phone# _____ Cell # _____

Insured Name(If different from Patient) _____

Insurance Carrier: _____ Policy# _____ Group# _____

Physician information:

Name of Physician: _____ NPI# _____

Office address: _____

Physician Phone # _____ Fax# _____

Test Information:

Diagnosis/ICD_10 codes:(enter all codes that apply) _____

Test names: _____

Special Instructions: _____

Please circle: Fasting: YES/NO Standing Order: YES/NO

If Standing order please enter: Weekly _____ Monthly _____

Start Date _____ End Date _____

PLEASE SCAN AND EMAIL FORM TO : orders@pinpointphlebotomy.com or FAX #203-296-4615