

Lonestar Verify Diagnostic Lab

Discount Lab Order Form

Phone: 903-497-1459 | Fax Form To: 903-437-5116 Attn: PAP
2003 Rickety Lane, Suite D, Tyler TX 75703

Patient Information	First Name	Last Name	
	Address	Date of Birth	Gender M F
	City	Last four digits Social Security Number	
	State	Zip Code	Phone
	Email Address:	Date of application:	

Payment Information	<p>Payment Method: To make your visit as smooth as possible, we offer several convenient payment methods:</p> <p><input type="checkbox"/> Credit, Debit Card</p> <p><input type="checkbox"/> HSA (Health Savings Account) or FSA (Flexible Spending Account)</p> <p><input type="checkbox"/> Money Order</p> <p>Full Payment is due at the time of your lab appointment. After we receive your order form, we'll email you a secure Square payment link for credit/debit card payments. If you'd prefer to pay by check or money order, just let us know — you can bring it with you when you come in. Please select your payment method above.</p>

Patient Consent	<p>I have requested discount lab services from Lonestar Verify Diagnostic Lab. I understand that I am responsible for Physician follow-up, treatment plan, medications, and further testing. I also understand that testing is confidential, and no information provided would make it possible for identification to be included in any reports.</p>
	<p>Patient Signature _____</p>

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Lab Test Information	ICD-10 DX Code	Test Code	Lab Test name	Fee	
			4989	Lab Processing Fee	\$25.00
		Total number of labs		Total:	

Physician Information	Physician's Name	NPI #
	Contact Number	Fax #
	<p>I have ordered the above indicated lab tests to be performed for this patient and attest the information provided is complete and accurate to the best of my knowledge.</p> <p>Physician signature _____</p>	

Thank you for choosing Lonestar Verify Diagnostic Lab for your Lab Services!