



**ADD-ON REQUEST FORM – Fax to Customer Service Dept. 845-437-3158**

Physician requesting Add-On:	
Person completing this form:	
Today's Date & Time:	
Patient Name:	
Original date of service:	
Test(s) to be added on:	
Supporting DX code(s) for added test(s):	
Would you like a confirmation call back from our customer service department upon completion of the add-on? Circle Yes or No	YES                      NO
Comments/Questions about this request:	

A United States Code of Federal Regulations requires all laboratories to obtain written authorization for any laboratory test(s) requested.

**The completed form must be returned within 48 hours of Verbal Request.**

If you have any questions, please contact our customer service department at 845-554-1115.

September 15, 2015