

Diagnostic Change Request

Client Name _____

Client Account Number _____

If a diagnosis code needs to be changed on an order, complete the information below and fax this form to 930.938.3407.

All diagnosis changes require a physician's signature.

Patient Name _____ Date of Birth _____

Date of Service _____

• Add DX(s) _____

• Remove DX(s) _____

• Replace with DX(s) _____

• Switch order of existing DX(s): 1st _____ 2nd _____

3rd _____ 4th _____

Time _____ Date _____

Physician's signature _____

Form completed by _____ Phone _____