

HealthLab

25 North Winfield Road Winfield, Illinois 60190 Phone: 630.933.2633 Fax: 930.938.3407

Diagnostic Change Request

Client Name			
Client Accou	ınt Number		
If a diagnosis form to 930.9		changed on an order, o	complete the information below and fax this
All diagnosis	s changes require a	a physician's signatu	re.
Patient Name			Date of Birth
Date of Servi	ce		
• Add DX(s) _			
• Remove DX	((s)		
Switch order of existing DX(s): 1st			2nd
		3rd	4th
Time	Date		
Physician's	signature		
Form completed by			Phone

Additional copies of this request form can be found on the home page of healthlabtesting.com under Lab Tests and Instructions.

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