Golden Rule Services, Inc.
Phone: (281)-997-2295
Fax: (281) 997-2835

Laboratory Consult Form

Appointment Date: ______________________________ **Appointment Time:** ______________________________

Assigned Staff: ____ **LCN:** ________________________________

Consumer Information

Name:____ **DOB:** ________________________________

SSN: ____ **Medicare:** ______________________________

Medicaid:______________________________________ **Other:** ________________________________

Allergies:____

Laboratory Information

Name: ____

Address: ____

Phone Number: ____

Reason for Labs

____

____

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Ordering Physician Information

____

____

____

PRINTED TECHNICIAN NAME: ____

TECHNICIAN SIGNATURE:__________________________________**DATE:**__________________________

GRSI OFFICE USE ONLY

GRSI NURSE'S SIGNATURE: ______________________________________**DATE:** ____________________