Med Tech Clinical Laboratory, Inc.

175 Cross Keys Rd Suite 203
Berlin, NJ 08009
P: 856-768-0701
F: 856-768-0702

TELEPHONE REQUEST CONFIRMATION/ADD ON TEST

Date: _____

To: _____

From: _____

Per your telephone request, the following test(s) were performed for your patient. To comply with current regulations, please confirm your request by signing below, and include the ICD-10 code.

Please return this form to Med Tech Clinical lab within 24 hours.
Thank you.

Patient Name: _____

Test: _____

Signature of Physician: _____

ICD-10 Code: _____