RIGHT WAY LABORATORY

www.rightwaylaboratory.com
750 Hamburg Turnpike
Pompton Lakes, NJ 07442
T: 862.330.3500
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MOLECULAR DIAGNOSTICS OF RESPIRATORY INFECTIONS

PATIENT'S INFORMATION *(Please submit copies of patient's photo ID and Insurance cards)*

LAST NAME	FIRST NAME	MIDDLE

GENDER ☐ M ☐ F	DATE OF BIRTH (M/D/Y)	PHONE

ADDRESS	APT:#

CITY	STATE	ZIP

EMAIL ADDRESS	SOCIAL SECURITY #

INSURANCE INFORMATION

PATIENT'S RELATIONSHIP TO INSURED ☐ SELF ☐ SPOUSE ☐ DEPENDANT

Insured Last & First Name

INSURANCE COMPANY NAME	
ADDRESS	
CITY / STATE / ZIP	
PATIENT ID	
GROUP No #	

☐ **YES, I give consent for my child to be tested for Coronavirus/Covid-19.**

Parent/Guardian Name **Signature** **Date**

SPECIMEN COLLECTION

DATE	
TIME	

☐ **BILLL INSURANCE**

☐ **BILL UNINSURED FUND**

PHYSICIAN'S INFORMATION

DIAGNOSES (ICD-10 CODES)

☐ Z03.818	Encounter for observation for suspected exposure to other biological agents ruled out
☐ Z20.828	Contact with and (suspected) exposure to viral communicable diseases
☐ Z11.59	Encounter for screening for other viral diseases

PHYSICIAN'S SIGNATURE _____ DATE _____