



**SWEDISH**

**Swedish Laboratory Services**  
21601 76<sup>th</sup> Avenue West  
Edmonds, WA 98026  
T 425.640.4179  
F 425.640.4426

**WRITTEN VERIFICATION BY FAX  
FOR VERBAL ORDERS**

**TO: Swedish Laboratory Services**  
**Phone: (425) 640-4179**  
**Fax: (425) 640-4426**

**FROM:**

**Dr.** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Date** \_\_\_\_\_

**Patient Name** \_\_\_\_\_

**Diagnosis Code** \_\_\_\_\_

(Required)

**Tests to be Ordered** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Physicians Signature** \_\_\_\_\_

This information contained in this facsimile message is confidential and protected under Federal Rules 42 CFR, Part II. It is intended only for use by the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any use of this telecopy is strictly prohibited. If you have received this in error, please notify us by telephone immediately and return the original facsimile message to us at the address as indicated: 21601 76<sup>th</sup> Avenue West, Edmonds, WA 98026