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 ______________________________

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