



31344 Via Colinas Unit 104
 Westlake Village, CA 91362
 Phone: (818) 485-1004
 Fax: (818) 485-1005
 CLIA ID #: 05D2095005
 State License #: CLF347739
 Medical Director: Dr. Rubio Punzalan

Ordering Practice/Physician Name

PATIENT INFORMATION

Name (First, Last): _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex (circle) M or F

PRACTICE INFORMATION

INSURANCE INFORMATION

Insurance Co: _____ ID# _____ Group # _____

1) _____

2) _____

Diagnosis Codes: _____

ORDERING PHYSICIAN

NPI Number: _____

COLLECTION INFORMATION

Data Collected: _____

Time Collected: AM / PM

Collected by (Initials): _____

Temperature checked within 4 minutes of collection and in between 90-100°F or 32-36°C

CLINICAL/DRUG HISTORY, DRUG INFORMATION

Clinical/Drug History: _____

List of Current Medications: _____

Quantitative / Definitive Testing

Full Panel Confirmation

Comprehensive Drug Panel Confirmation

With Alcohol Without Alcohol

Pneumonia Panel

Respiratory Panel

GI Panel

COVID-19 Option

UTI Panel

PRIMELab confirms the validity of each urine specimen by analyzing creatinine levels, specific gravity and pH on doctor's order.

PATIENT AUTHORIZATION

I, the undersigned understand that I am responsible for all co-pays and deductibles, and for amounts not covered by insurance. By signing this authorization, I allow the release of any medical information necessary to process this claim. By signing, I certify that I have provided an unadulterated and fresh urine sample to be analyzed. I acknowledge that the laboratory has my permission to release my results directly to the treating physician or facility. Prime Lab also has my permission to outsource the processing of this sample at their discretion. I hereby authorize my insurance benefits to be paid directly to the laboratory for services rendered and I agree to endorse any payments received from my insurer and forward them directly to the Laboratory for services rendered.

Patient Signature: _____ Date: _____

I authorize the above ordered laboratory test(s). If no profile is selected, Prime Lab will refer to your custom profile for testing an any additional test you have ordered on this form.

Physician Signature: _____ Date: _____

LAB USE ONLY Received by: _____ Date: _____ Time: _____: _____ am pm

PRINT FORM