EAST SIDE CLINICAL LABORATORY
A Sonic Healthcare Company

FAX ORDER FORM - COVID-19 TESTING

FAX ORDER TO : (401) 208-0411

Order Date: 7/8/2020

Patient Name: _____ Date of Birth: _____

Gender: _____F _____M

Address: _____

City: _____ State: _____ Zipcode: _____ Phone

Number: _____ Email Address: _____

Ordering Physician: Dr. Alexandra Scott NPI: _____

Phone # Office: _____ Mobile: _____

FAX#: _____ Email: _____

COVID-19:

Client Bill to RI Dept. of Health

Testing Date Requested _____