Provider Lab Order Template

(859) 740-2051 {to call or text} **(346) 205-0483** {to fax}
info@meshnetworklabs.com {to email}
(All communications via phone, text, fax, email are HIPAA compliant)

Simply fill out the entire form. Sign where indicated. Text / email / fax to MESH Network. We will verify the content of the form. We will contact the provider for any questions about the orders. We will contact the patient for invoicing and instructions for completing their lab process through a local Labcorp. If they choose, we will instruct them on creating a Labcorp account. They will always have access to their own labs. Labcorp now has an app as well. Do not hesitate to contact MESH if you have any questions.

Patient Last Name _____ **Patient First Name** _____ **DOB** _____

Street Address _____ **City, State, Zip** _____ **Date of order**_____

Patient Phone Number _____ **Patient Email Address** _____

Race: *Asian, Hawaiian or Other Pacific Islander, White/Caucasian, Black or African American, American Indian or Alaskan Native, Other* **Ethnicity:** *Hispanic/Latino, not Hispanic/Latino, Unknown*

Gender: (solely for purposes of correct normal genetic values ranges for labs) Male / Female

Requesting Provider NPI: _____ **Practice Email Address:** _____

Practice Phone Number: _____ **Practice fax number:** _____

Provider First Name: _____ **Provider Last Name:** _____MD / DO / NP / PA

Test Name *(from LIST)*	**MESH Pricing**	**Test Name** *(from LIST)*	**MESH Pricing**
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____
_____	$ _____	_____	$ _____

[if more tests are necessary just print another copy of this section and fill out to send with this order form]

- ***$5.00 Venipuncture fee will be added to each patient order***