MESH Network Broker Labs

(859) 618-6205

Provider Lab Referral Order Template

(All communications via phone, text, fax, email are HIPAA compliant)

Simply fill out the entire form, sign where indicated, and email/fax to MESH Network - admin@meshnetwork.expert or **(833) 833-1862** {fax}. We will verify the content of the form and email the office to let them know we have received and are processing the orders. We will contact the patient for invoicing and instructions for completing their lab process through Labcorp. If they choose, we will instruct them on creating a Labcorp account so they always have access to their own labs. Do not hesitate to contact us if you have 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 values ranges for labs) Male / Female

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

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

Provider First Name: _____ **Provider Last Name:** _____

Provider Signature: _____ **Professional Degree / Designation:** _____

Diagnosis Code for Patient: *(reason for labs? Z00.00 used for annual exam normal)*_____

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

**** MESH's fee of $50.00 is added to every order ****