MercyOne North Iowa Medical Center
Test Information Request
Please Fax This Request to MercyOne Regional Lab
(641) 428-7899

Date: _____

Requesting Facility: _____

Fax Number to Return Information to: _____

Person Requesting Information: _____Phone#_____

INFORMATION REQUIRED:

Patient Name _____ **Date of Service**_____

Test Name: _____ CPT Code/Price:_____
Test Order Code_____ CPT Code/Price:_____
CPT Code/Price:_____
CPT Code/Price:_____
CPT Code/Price:_____
Test Name: _____ CPT Code/Price:_____
Test Order Code_____ CPT Code/Price:_____
CPT Code/Price:_____
CPT Code/Price:_____
CPT Code/Price:_____
Test Name: _____ CPT Code/Price:_____
Test Order Code_____ CPT Code/Price:_____
CPT Code/Price:_____
CPT Code/Price:_____
CPT Code/Price:_____

For MercyOne Lab use only

Client Services Signature_____Date_____

Faxed_____

Called_____

MERCYONE

MercyOne North Iowa Medical Center - 1000 4th St SW, Mason City, IA, 50401 (800) 243-6086 Fax