



LAB REQUISITION FORM

contact@drbarmd.com

	Dr. Bar		(949) 706-1212
	NextGen	Red Hill, Irvine CA	(800) 219-6542
	HealthQuest Esoterics, Inc.	Irvine , CA	(949) 212-4946
	Primex Clinical Lab	Act: 13365	(818) 779-0496

Ordering Physician: Iman Bar, MD

2865 E Coast Hwy, suite 150, Newport Beach CA 92625

Tel (949) 706-1212 Fax (949) 299-6466

ICD code

Ordered Tests:

Covid 19 PCR 8361 _____

Covid 19 antibody 8265 _____

Other:_____

Doctor's Signature : _____ **Date**_____

TO BE COMPLETED BY THE PATIENT:

Patient's Name First _____ Last _____ Sex: M F

Age:_____ Birth date:_____

Address:_____

City:_____ State:_____ Zip:_____

Email _____

Home/ Work Phone:_____ Cell _____

Medical Insurance Name:

ID - :_____ Group # :_____

Insurance Billing Address / Phone _____

By signing below I acknowledge that I am financially responsible for services rendered today. I authorize Dr. Bar to examine and provide me with treatment and order labs.

Signature : _____ Print : _____ Date: _____