

Request for Additional Diagnosis Codes

*Request Physician Consent Form*

Re: «invoice»

Dear, «doctor»

We have received a requisition with missing diagnosis codes. At your earliest convince please provide the appropriate diagnosis codes for the tests ordered below:

|  |
| --- |
| «DX» |

The diagnosis codes mentioned below are approved and accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Patient Name | «patient» | DOB | «DOB» |
| Client Name / Number | «code», «doctor» | DOS | «DOS» |
| ICD 10 Diagnosis Codes  to be Used for This  Order |  | | |

|  |  |
| --- | --- |
| Physician Signature | Date |
|  | \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_\_\_ |

AT YOUR EARLIEST CONVINENCE PLEASE FAX THIS FORM BACK TO US   
Fax: +1 (212) 596-7613