

PHYSICIAN'S SIGNATURE _____

CUSTOM PANEL REQUEST FORM

DATE _____

PHYSICIAN'S INFORMATION					CUSTOM PANEL NAME
ACCC	DUNT#				
	NAME				
	NPI#				PANEL ORDERING CODE
ADI	DRESS				
CITY / STATE	/ ZIP				
TELEP	PHONE				
	FAX				
PANEL COMPONENTS					SPECIMEN REQUIREMENTS
COMMONLY USED DIAGNOSIS CODES					