

ADONIS HEALTH

Laboratory Requisition Form

Date: 2/3/2026

Order Number:

ADONIS-
LAB-2026-0001

PATIENT INFORMATION

Name: John Doe

DOB: 6/14/1985

Gender: MALE

Phone: N/A

Email: test.patient@example.com

TEST PANEL INFORMATION

Panel: Comprehensive Metabolic Panel

Lab Provider: EVEXIA

Test Codes: 80053

Payment: Patient Pay **Amount:** \$149.99

ORDERING PROVIDER

Provider information will be added by clinic staff.

DRAW SITE & INSTRUCTIONS

Draw Site: 123 Lab Way, Suite 100, Medical City, CA 90210

PATIENT INSTRUCTIONS:

1. Bring this requisition form and a valid photo ID to the draw site.
2. Fasting may be required for certain tests. Please confirm with your provider.
3. Results will be sent directly to Adonis Health for review by your provider.
4. Contact support@adonishealth.com if you have questions.

Patient Signature

Date

This requisition is valid for 90 days from the date of issue.

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Generated: 2026-02-03T23:47:13.778Z