

Lab Requisition Form

Interpath Lab



00000001

PATIENT DETAILS

Name : **X1 TESTCDE** [PAT0010]
DOB/Gender : Apr 16, 1990 / female
Address :
Phone : 9234613895 (Home)

ADDITIONAL DETAILS

Lab Ref. No. : 00000001
Account ID : IPL0040WWN112118
Order Date : Nov 22, 2018
Collection Date Time : Nov 22, 2018 03:06 PM
Bill Type : Client

PROVIDER & FACILITY DETAILS

Name : **Dr. Julie Figgins ND**
NPI : 1194882449
Address : **Walla Walla**
Naturopathic, PLLC
120 E Birch
STE 7
Walla Walla, WA -
99362
Phone : -
Fax : -

Diagnosis :

TESTS ORDERED [Total Count - 1]

1. TSH w/FT4 Reflex [2190]

Comments :

GUARANTOR

Name : X1 TESTCDE
SSN :
Phone : 9234613895
Address :

APPROVED BJMCG 12/11/2018

Provider Signature
Date :