University of Vermont Health

UVHealth /Porter Medical Center/Laboratory
115 Porter Drive
Middlebury, Vermont 05753
Phone: 802-388-4747
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OUT-PATIENT ADDITIONAL ORDERS FORM

----------To Be Completed By Office----------

Patient: _____ _____ _____
Name Date of Birth Date Specimen Collected

Tests to be Added	DX/ICD-10 Code Required for Billing
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

Ordering Physician: _____ **Office:**_____

Authorized Signature:_____ **Date:**_____

----------FOR LAB USE ONLY----------

Tests Added To: _____ _____
Specimen# Initials

Scanned into Epic Patient Station : _____

Unable to Add Tests: _____ **TNP Ordered:** _____ **TNP Answered:** _____
Reason Initials Initials

Comments:_____

_____