



**LAB / X-RAY REQUISITION FORM**

- 30300 Rancho Viejo Road, San Juan Capistrano, CA 92675 • (949) 661-9600
- 29472 Avenida De Las Banderas, Rancho Santa Margarita, CA 92688 • (949) 459-9968
- 3010 W. Orange Avenue, Suite 302, Anaheim, CA 92804 • (714) 826-1200
- 26991 Crown Valley Parkway, Mission Viejo, CA 92691 • (949) 582-2002
- 250 E. Yale Loop, Suite 200, Irvine, CA 92604 • (949) 551-1090

- 1212 W. 17<sup>th</sup> Street, Santa Ana, CA 92706 • (714) 954-0432
- 15 Mareblu, Suite 100, Aliso Viejo, CA 92656 • (949) 448-0656
- 722 Baker Street, Costa Mesa, CA 92626 • (714) 557-6300
- 11420 Warner Avenue, Fountain Valley, CA 92708 • (714) 549-1300
- 23512 Madero Rd., Mission Viejo, CA 92691 • (949) 583-1600

**PLEASE CALL FOR AN APPOINTMENT FOR ANY LAB OR X-RAY SERVICES**

**\*\*NOT TO BE USED FOR PRE-OP ORDERS\*\***

**Date** \_\_\_\_\_

**Patient Name** \_\_\_\_\_

**Patient Account #** \_\_\_\_\_ **BPMG Provider** \_\_\_\_\_

**Referring Physician** \_\_\_\_\_

**Test Ordered** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Diagnosis** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE OF PERSON ORDERING TEST(S)**