ARC DIAGNOSTICS
ADVANCED • RAPID • CONCLUSIVE

8551 North 125th East Avenue, Suite 150
Owasso, OK 74055 1-833-ARCLABS
CLIA# 37D2189344

1 - PATIENT INFORMATION

Last Name / First Name / M.I.

Address / APT#

City / State / Zip

Phone #

Email

DOB ☐ Male ☐ Female

Insurance SSN

2 - PROVIDER INFORMATION

ARC Diagnostics LAB
Client Name

8551 N 125th East Avenue Suite 150
Address / APT#

Owasso, OK 74055
City / State / Zip

833-ARC-LABS
Phone #

Ordering Physician Physician NPI

Date of Service Collection Date Time AM / PM

Specimen Collected By

4 - CONSENT FOR TESTING

The information I have provided on this form is accurate. I authorize Arc Diagnostics Laboratories to release the results of this test to my treating physician or facility. I hereby authorize my insurance or other payment to Arc Diagnostics Laboratories for services I receive. I am aware that Arc Diagnostics Laboratories may be an out of network provider with an insurer. I am aware that I am responsible for all co-pays and deductibles not covered by insurance or other payers.

Patient Signature Date

5 - PANEL LIST

Please check appropriate panels that address your patient needs...

☐ **Corona Virus 19**

ICD 10 CODES

☐ R09.81 Congestion ☐ R05 Cough ☐ ________
☐ R50.9 Fever ☐ Z20.828 Exposure ☐ ________

SPECIMEN SOURCE:

☐ Anterior Nasal Swab ☐ Nasopharyngeal Swab
☐ Mid-Turbinate Swab ☐ Oropharyngeal Swab
☐ Other: ________

PAYMENT SOURCE:

☐ Cash
☐ Card
☐ Insurance
☐ CRF

PAID IN FULL