



97513456-8 6122271-1

MOTHER'S MILK BANK OF MS

4209 LAKELAND DR STE 395
FLOWOOD, MS 39232-9212

PHONE # 601-612-0531 601-939-5504

TIME ☐ AM ☐ PM TOTAL VOL/HRS. ☐ Fasting ☐ Non Fasting
ML HR

UPIN ORDERING PHYSICIAN AND/OR PAYORS

1508999178 SAENZ, REBECCA B

Ordering Phys: _____ Lic/NPI/UPIN _____

Phone Number: () _____

fax
Calls to: 601-939-6555

and Duplicate Report to:

Account # or Name: _____

Address: _____

ST _____ ZIP _____

**SPECIMENS MUST BE
TESTED IN A QLS
LABORATORY**

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

REGISTRATION # (IF APPLICABLE)

DATE OF BIRTH M M D D YEAR

SEX

PATIENT SOCIAL SECURITY #

OFFICE / PATIENT ID #

ROOM #

LAB REFERENCE #

PATIENT PHONE #

()

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY)

APT. #

KEY #

CITY

STATE

ZIP

**CLIENT BILL ONLY
NO PATIENT
OR
THIRD PARTY
BILLING ON
THIS ACCOUNT**

QUEST FOR NATIONAL ACCOUNTS ONLY

- ☒ 91986 BOWEN, CHACAS SCREEN
- ☒ 498 HBSAG W/REFL CONF
- ☒ 8472 HEPATITIS C VIRUS AB
- ☒ 91431 HIV1/2 AG/AB.4 W/REFL
- ☒ 36175 HTLV I/II AB, W/REFL
- ☒ 36126 RPR(OX) REFL CONFIRM

ADDITIONAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE.)

PATIENTS, CLINICAL INFORMATION:

TOTAL TESTS
ORDERED

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QD20355F-ESP. Revised 3/15.

Physician Signature _____

* Additional charge for ID/Susceptibility studies.
Reflex tests are performed at an additional charge.

CHUBKNNH8

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6122271	6122271	6122271
NAME: _____	97513456	97513456
	6122271	6122271