

GCC Laboratory

LAB ORDER

Ordering Site Information:

Name: GCC Laboratory
Address: 4820 Business Center Dr. Suite 100B
City: Fairfield, CA 94534
Phone: (800) 927-0954

Physician Information:

Physician Name: Ravi Nallamothe M.D.
Address: 4820 Business Center Dr. Suite 100B
City: Fairfield, CA 94534
Phone: (800) 927-0954

Patient Information:

Patient Name: _____
Gender: Male / Female
Date of Birth: _____
Age: _____
Email Address: _____

Patient Address: _____

Test Ordered:

Lipid Panel

Clinical Information:

Date of Collection: _____
Time of Collection: _____

Additional Information:

Draw Location:

Fasting: Y / N

Authorization - Please sign and date

I certify that the information provided on this form is correct. I consent to the analysis of the specimen accompanying this form. I hereby authorize the release of medical information related to the services described herein.

Signature: _____ Date: _____