siParadigm
diagnostic informatics

Verification of Verbal Orders

(Sign and fax back to us)

Request Information

Patient Name: _____ **siParadigm Case#:** _____

Facility Name: _____ **Physician Name:** _____

Facility Fax #: _____

Requested By: _____

Verbal Order (See Note Below)

Note: _____

_____

_____

_____

Please sign and date below and fax back to: +1 201 599 9066

Your signature authorizes siParadigm Diagnostics Informatics to bill services as indicated on original requisition.

Signature: _____ **Date:** _____