HealthLab

25 North Winfield Road Winfield, Illinois 60190 Phone: 630.933.2633

Fax: 630.933.2620

HEALTHLAB

Diagnostic Change Request Form

Client Name:	Client Account Number:
If a diagnosis code needs to be changed on an order, complete the information below and fax this form to 630.933.2620 All diagnosis changes require a physician's signature.	
Patient Name:	Date of Birth:
Date of Service:	
• Remove DX(s):	
• Replace with DX(s):	
• Switch order of existing DX(s): 1st	2 nd
3 rd	4 th
Physician's signature:	
Form completed by:	Phone#
Diagnosis	s Change Request Form
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Physician's signature:	
Form completed by: Additional copies of this request form can be found on the ho	Phone#ome page of healthlabtesting.com under lab tests and instructions.