Northwestern Medicine | HEALTHLAB

HealthLab
25 North Winfield Road
Winfield, Illinois 60190
Phone: 630.933.2633
Fax: 630.938.3407

Diagnostic Change Request

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 630.938.3407.

All diagnosis changes require a physician's signature.

Patient Name _____ Date of Birth _____

Date of Service _____

- Add DX(s) _____
- Remove DX(s) _____
- Replace with DX(s) _____
- Switch order of existing DX(s): 1st _____ 2nd _____

  3rd _____ 4th _____

Time _____ Date _____

Physician's signature _____

Form completed by _____ Phone _____

Additional copies of this request form can be found on the home page of healthlabtesting.com under Lab Tests and Instructions.