Boise School District Health Plan Member
Request for Lab Orders

Physician Name:________________________________ Phone:______________________
Fax #:______________________

Address: __________________________________ City:__________ State:____ ZIP:__________

As a Boise School District employee, I have the opportunity to have the following lab work drawn at our annual Health Screening event. Please check ☑ the test(s) that are appropriate for me and include a **diagnosis code**. The results of these tests will be faxed to the ordering physician.

Test	Dx (required)	Test	Dx (required)
❑ PSA	_______	❑ CBC	_______
❑ CMP	_______	❑ TSH	_______
❑ FT4	_______	❑ Iron	_______
❑ HSCRP	_______	❑ HgbA1C	_______
❑ ______	_______	❑ _______	_______

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Physician Signature (Required)

Patient Information:

Name:____________________________ Birthday:__________ Phone:__________

Address: __________________________________ City:__________ State:____ ZIP:__________

Regence Group ID#:______________________ Member ID#:______________________

★ Attention Health Screening Participants ★

Laboratory Tests ordered by your physician will be billed to your health insurance.

You are responsible for any fees not covered by your prevention benefit plan or regular health plan.

Please understand that the standard tests drawn (Lipid Panel, Fasting Glucose, CMP) for the PWP & Health Screening will not be sent to the physician. ***We advise patients to provide a copy of the results from the standard tests to their doctor.***