



Cayuga Health Systems/Cayuga Medical Center
Department of Laboratories

Phone: 607-274-4163 Fax: 607-274-4481

Homebound Phlebotomy Request Form

Notes:

- Please allow at **LEAST 2 business days' notice** on all requested visits to allow us time to schedule properly.
- This form must be filled out in its entirety in order for us to add a patient to our schedule.
- Standing orders are not allowed for home draws. Send a separate completed form and order for each individual visit.

Date /Date Range Requested: _____

Patient Name: _____

DOB: ___/___/___

Sex: M / F

Address to Dispatch to: _____

Patient Contact Number: (____)_____-_____

Ordering Office Contact Number (____)_____-_____

Ordering Office Contact Person: _____

*****DIAGNOSIS CODES*** REQUIRED!!**

Codes: _____

Codes: _____

Request by Dr. : _____

Tests desired : _____

Provider Signature: _____