

HEAVY METAL REQUISITION  
DEMOGRAPHICS FORM

<<FORM\_ID>>

PATIENT INFORMATION (PLEASE PRINT IN BLACK INK)
CLIENT INFORMATION
SAMPLE INFORMATION (REQUIRED)
PHYSICIAN INFORMATION (REQUIRED)
EMPLOYER INFORMATION (REQUIRED)
BILLING INSTRUCTIONS (MUST COMPLETE OR CLIENT WILL BE BILLED)
DIAGNOSIS CODE (REQUIRED) ICD-10 Codes
MEDICAL NECESSITY NOTICE
INDICATE TESTS REQUESTED