MANKATO CLINIC LABORATORY

Bluestone Vista PROVIDED BY Mankato Clinic | ON-SITE PRIMARY CARE

Name of Facility: _____

Lab Draw Date: _____

(for lab use only)

Name/Room	DOB	ORDERING PROVIDER	Is this billed under Medicare A or Medicare B	TESTS	DIAGNOSIS	COMMENTS	O	T	L	E

***Please fax this completed form to: 507-625-8012 <u>by noon the day before</u> your schedule lab day.**
St. Peter facilities fax to 507-934-0012. Mapleton facilities to 507-524-4991.