

# A+ Mobile Lab Services

## Medical Release and Exchange Form

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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I, \_\_\_\_\_, authorize the Release and/or Exchange of Insurance, Face-Sheet Information, Lab Requisitions, Verbal Orders, and Lab Results To/From A+ Mobile Lab Services for the purpose of specimen collection and/or drop off to the processing lab for one year from today's date: \_\_\_\_\_.

### **Facility One:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Facility Two:**

Facility Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_ Lab Corp

\_\_\_ Sonora Quest

\_\_\_ Havasu Regional Medical Center; 101 Civic Center Ln., LHC, AZ 86403

\_\_\_ Kingman Regional Medical Center; 3269 N. Stockton Hill Rd., Kingman, AZ 6409

\_\_\_ Western Arizona Regional Medical Center, 2735 Silver Creek Rd. Bullhead City, AZ 86442

\_\_\_ Valley View Medical Center; 5330 S. Highway 95, Fort Mohave, AZ 86426

_____ Patient Signature	_____ Patient Printed	_____ Today's Date
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_____ Witness Signature	_____ Witness Printed	_____ Today's Date
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