South Coast Family Medical Center
25500 Rancho Niguel Road
Suite 100
Laguna Niguel, CA 92677
Phone: (949) 643-0500 Fax: (949) 643-3748

ORDER REQUISITION FORM

Date of service: ____________

PATIENT NAME & ADDRESS

First name: __________________________________ Last name: ___________________________________

DOB: _____________________ Age: ________ Phone number: _________________________________

please write very clearly to ensure we communicate with the correct person

ORDERING PROVIDER

Electronically signed by:

Dr. Lauren Davis, DO

Dr. Chris Davis, DO

REQUESTED STUDIES

[X] COVID19 Rapid Antigen Test

For internal use:

Results: [ ] positive [ ] negative

Disclaimer:
By signing below, I acknowledge that I desire to have the COVID19 rapid antigen test as acknowledged by the FDA Emergency Use Act.

I acknowledge that if I test too early following a known exposure (before 3-5 days from my last known exposure) and my test is negative, it may be a false negative. I agree to seek medical care if my symptoms are concerning. If I test positive, I agree to quarantine myself for at least 10 days following the start of my symptoms with at least 3 days of NO symptoms per the CDC guidelines.

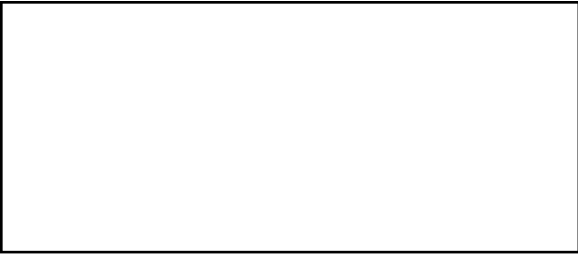
I acknowledge that Dr. Lauren and Dr. Chris Davis are available via telemedicine if you have further questions or desire molecular testing.

Lastly, at the time of this signed form, there is no associated or approved* CPT/HCPCS code for this procedure/service and therefore cannot be correctly processed or paid by Medicare or commercial insurances because they do not have the pertinent or required information.

Your signature below acknowledges that you have read the above disclaimer and agree that your insurance cannot be billed for this optional service and that you are responsible for paying the $125 associated with the administration and reading of this optional COVID19 rapid test.

*still undergoing FDA approval

____ ________________
Signature Date



This form is not valid without a stamp

FAMILY PRACTICE/PRIMARY CARE ● URGENT CARE ● WORK-RELATED INJURIES ● PRE-EMPLOYMENT ● IMMIGRATION PHYSICALS ● DRUG SCREENS ● BAT TESTING ● DOT PHYSICALS
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