PROPATH
A Sonic Healthcare Anatomic Pathology Practice

Test Add-on Request Form

Fax to Client Response Center: 214-237-1731

(NO COVERSHEET REQUIRED)

Please perform the following test(s) on the case indicated below:

TEST	ICD-10
_____	_____ (Required)
_____	_____ (Required)
_____	_____ (Required)

Today's Date: _____

Client Account Number: _____

ProPath Accession #: _____

Date of Collection: _____

Patient Full Name: _____

Patient Date of Birth: _____

Ordering Clinician Signature: _____

I attest that I am authorized to order the test(s) and that the test(s) is medically necessary for my patient.

For assistance, please call the Client Response Center at 800-258-1253.

1355 River Bend Drive, Dallas, TX 75247
T 214-638-2000 | **T** 800-258-1253
ProPath (A Sonic Healthcare Anatomic Pathology Practice)
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