



**XPRESS URGENT CARE**  
WALK IN CLINIC

**Permission to Test for Covid**

Lab test requested by Zaid Noman, MD Diagnostic Code:Z20.828

**TWO COPIES NEEDED. DO NOT STAPLE ANYTHING TO THIS PAGE.**

**A. Student's Information:**

Child's Name: \_\_\_\_\_  
LAST NAME FIRST NAME DOB (MM/DD/YYYY)

Parent's Name: \_\_\_\_\_  
LAST NAME FIRST NAME DOB (MM/DD/YYYY)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Gender (circle one) M F Phone#: \_\_\_\_\_

Email: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**B. Bill test to: \_\_\_ Insurance \_\_\_ No Insurance**

Medical Insurance: \_\_\_\_\_  
(Anthem, Blue Shield, Kaiser, Healthnet, United Healthcare, etc.)

Medical Group: \_\_\_\_\_  
(Prospect, Healthcare Partners, Monarch, Regal, LA Care, etc.)

Insurance# \_\_\_\_\_

Group# \_\_\_\_\_

**Provide two copies of your Photo ID and the front and back of your insurance card. DON'T STAPLE**

School Name: \_\_\_\_\_

**C. Requester Authorization:**

I agree to allow my child to be tested for Covid-19 infection (Corona Virus) test

Printed Name: \_\_\_\_\_

Signature\*: \_\_\_\_\_ Date\*: \_\_\_\_\_

**YOUR RESULTS WILL BE AVAILABLE WITHIN 48-72 HOURS. PLEASE REGISTER AT [LabCorp Patient Portal](#) TO RECEIVE A TEXT/EMAIL WHEN YOUR RESULTS ARE READY. IF YOU HAVE QUESTIONS, EMAIL [RESULTS@XURGENTCARE.COM](mailto:RESULTS@XURGENTCARE.COM) WITH YOUR FULL NAME AND DOB.**