



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. Patient's Information: NAME MUST MATCH MEDICAL CARD. PLEASE TYPE.

Name:

LAST NAME

FIRST NAME

DOB (MM/DD/YYYY)

Address: _____ City: _____ Zip: _____

Birth Gender M F Phone#: _____

Email: _____ Ethnicity: _____

B. Testing will be billed to:

- I have insurance through the school district
(attach a copy of your photo ID and medical card—front and back)
- I am not insured (attach a copy of your photo ID)--HRSA.
- I have insurance but not through the district.
(attach a copy of your photo ID and medical card—front and back)

Insurance Company: _____

Medical Group: _____

Insurance# _____

Group# _____

C. Requester Authorization:

School and District Name: _____

Printed Name: _____

Signature*: _____ Date*: _____

RESULTS WILL BE EMAILED. IF YOU HAVE QUESTIONS OR HAVEN'T RECEIVE YOUR RESULTS IN 48 HOURS, EMAIL RESULTS@XURGENTCARE.COM WITH YOUR FULL NAME AND DOB.