



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# _____

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*: _____

IF YOU HAVE QUESTIONS, EMAIL RESULTS@XURGENTCARE.COM WITH YOUR FULL NAME AND DOB.