



# Verification of Verbal Orders

(Sign and fax back to us)

## Request Information

Patient Name: \_\_\_\_\_ siParadigm Case#: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Facility Fax #: \_\_\_\_\_

Requested By: \_\_\_\_\_

## Verbal Order (See Note Below)

Note: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please sign and date below and fax back to: +1 201 599 9066*

*Your signature authorizes siParadigm Diagnostics Informatics to bill services as indicated on original requisition.*

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