NORTHWEST MICHIGAN
Health Services Inc

COVID TESTING ORDER – TC Testing Fax to: 231-947-2384 **Shelby Testing** Fax to: 231-861-4964

Patient's Name- LAST FIRST MIDDLE INITIAL:			Today's Date:
Gender:	Date of Birth:	Contact Phone – Primary and Secondary	
County of Residence:	Ethnicity: ☐ Hispanic ☐ non-Hispanic	Race: ☐ White ☐ Black/African American ☐ Asian ☐American Indian / Alaskan Native ☐Hawaiian / Pacific Islander ☐Other	
Currently Pregnant? ☐ No ☐ Yes	Work in Healthcare Field? ☐ No ☐ Yes	Will this be patient's first COVID test? ☐ Yes ☐ No	Was patient in ICU due to COVID? ☐ Yes ☐ No
Patient's Address:			
Insurance Information (including Guarantor, if different from patient):			

Microbiology:
__ COVID-19

PHONE RESULTS TO: _____
FAX RESULTS TO: _____

Diagnosis (ICD-10): ☐ U07.1 Confirmed COVID ☐Z03.818 Possible Exposure ☐ Z20.818 Actual Exposure
☐ Z1159 Screening for COVID ☐ R05 Cough ☐ R06.02 Shortness of Breath ☐ R50.9 Fever, Unspecified
Symptom Onset Date (if symptomatic): _____

Ordering Provider Name: _____

Practice Address: _____

Provider Signature:

Your office will be contacted with results, which may take up to one week. Your office will be responsible for informing the patient of results and providing any follow-up required.

For questions, contact our COVID Hotline at 231-642-5292.

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119 S. State St., Shelby, MI 49544 Fax: 231-861-4964 www.nmhsi.org