

COVID-19 TESTING REFERRAL FORM

PATIENT INFORMATION

Name: _____ DOB: _____

Insurance: _____ Member #: _____

Other insurance/s, if any: _____ Member #: _____

Home #: _____ Cell #: _____ Email: _____

REFERRAL INFORMATION

Referring Provider: _____

Clinic Name: _____ Contact Number: _____

DIAGNOSIS: _____

ICD-10: _____

PROCEDURE: Nasopharyngeal swab specimen collection and COVID-19 Testing, RT-PCR

Referring Provider's Signature

Date

REMINDER:

Have you also completed the following forms? CDC Case Report Form, and

Guam Public Health Lab submission form.

If yes, please send all completed forms to GRMC Specialty Services via fax 969-4899 or email SpecialtyClinic.Office@GRMC.gu.

Results are reported within 24 hours. In order to be notified promptly of the result, it is important to indicate your best contact number on the information above. Laboratory reports will also be forwarded via fax.

For more information, please call the GRMC Specialty Clinic at 969-4895 or 4896.