GUAM REGIONAL MEDICAL CITY
Where Patients are Partners

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 Guam Public Health Lab submission form (version 4/25/2020)?

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

Results are reported within 24-48 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.