



Patient Medicare Requisition

Rapid 5-in-1 Respiratory Virus Test or Sore Throat Virus and Bacteria Test

PATIENT: Take this to IC Labs located at 1730 W Horizon Ridge Pkwy #100,
Henderson, NV 89012 - (702) 935-3136

----- TO BE COMPLETED BY PROVIDER ONLY -----

PATIENT INFORMATION

Name:

Street Address:

Sex: MALE FEMALE

City:

Date of Birth:

ST: Zip Code:

Phone:

Email Address:

Medicare #:

PROVIDER OFFICE USE ONLY

Nasal Swab - Rapid 5-in-1 Respiratory Virus Test - CPT #87631QW

SARS-CoV-2 (COVID-19), Human rhinovirus, Influenza A&B, and RSV

ICD-10 Diagnostic Codes: _____

Throat Swab - Rapid 5-in-1 Sore Throat Virus and Bacteria Test - CPT #87651QW

Group A strep, Human rhinovirus, Influenza A&B, and RSV

ICD-10 Diagnostic Codes: _____

Symptoms:

Provider/Practice Name:

NPI #:

Provider Signature:

Date: