



HUNTERDON MEDICAL LABORATORY  
1100 Wescott Drive Suite G-1, Flemington, NJ 08822  
**Phone: 908-788-6101 Fax: 908-237-5643**  
**Phlebotomy at Home Request Form**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the patient homebound? Yes  No

(\*\*Please check a box. Medicare patients must be homebound to receive home services.)

Test(s): \_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_

Requested date of draw: \_\_\_\_\_ Frequency: \_\_\_\_\_

Insurance Information (required)

Primary Insurance: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

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

Physicians signature (required)

Doctor name: \_\_\_\_\_ NPI#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Doctor Please complete form and fax back to 908-237-5643.  
We will contact patients to set up appointments for specimen collection.