



P.O. Box 190996
 Atlanta, GA 31119
 Telephone: (404) 633-7433
 Fax: (404) 467-1882

VERBAL ORDER

TO: _____

PATIENT NAME: _____

*Dear Doctor,
 The orders below are forwarded for your signature to authorize your orders given on the date indicated. Please sign and return promptly either by mail or fax. Thank you for allowing us to provide services to your patient.*

DISCIPLINE	SERVICE AND TREATMENT ORDERED
<i>SN</i>	<i>Please verify the order for the following lab test(s):</i>
	<i>Lab tests to be performed on the following date(s):</i>
	<i>Thank you</i>

PAGE _____ OF _____

SIGNATURE/TITLE AND DATE OF DISCIPLINE ACCEPTING ORDERS: _____

I CONFIRM ISSUANCE OF THE ABOVE VERBAL ORDER: _____