Test Cancelation Request Form

PLEASE CALL THE LAB FIRST! To cancel a test(s): (833)-4UNILAB

Date Requested: _____

Account name & #:_____

Person Requesting Cancelation: _____

_____
(Signature)

Patient Name: _____ _____
(Last Name) (First Name)

Patient DOB: _____

Date of Service: _____

Requested TEST(s) Cancelling: _____

_____

_____

_____

Reason for Cancellation: _____

Please email the request to support@unilabhealth.com or Fax: 954-797-9494

*****Your signature confirms you are cancelling the tests specified above*****

Unilab, 2145 Davie Blvd. Suite 106, Fort Lauderdale Fl. 33312, 954-792-7422, support@unilabhealth.com