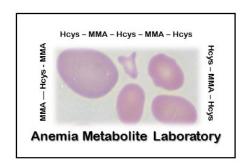
## **B12 Metabolite Panel Billing Form**

Anemia Metabolite Laboratory 12700 E. 19th Ave., RC2, Room 9490E MS B170 Aurora, CO 80045

Phone: (303)-724-4086 or (303)-724-4092 Fax: (303)-724-4087



We do not bill patients directly, therefore it is necessary for you to complete the following information in order to expedite your order. Thank you.

## **Billing Information**

| Bill to (Name and Title): |                     |  |
|---------------------------|---------------------|--|
| Department:               |                     |  |
| Hospital Name:            |                     |  |
| <u>Address</u> :          |                     |  |
| Phone:                    |                     |  |
| Fax:                      |                     |  |
| Rep                       | oorting Information |  |
| Contact Person:           |                     |  |
| Department:               |                     |  |
| Phone:                    |                     |  |
| Fax:                      |                     |  |
|                           |                     |  |

<sup>\*\*</sup>Please Note: We <u>FAX</u> reports and will mail them only if requested.

<sup>\*\*</sup>Please complete and return this billing form if this is the first time your lab has sent samples or if any information has changed. Thank you.