



COVID-19 LAB ORDER

Order:
SARS COV 2 RNA (COVID-19),
QL, RPT-PCR, Respiratory Specimen

Bill: Third Party

Ordering Provider:
Brian B Swinton, MD; NPI #1861653362
87 Thomas Johnson Drive, Ste 101,
Frederick, MD 21702
Phone: (301) 694-0606
Fax: (877) 276-4919

Symptoms / Reason(s) for Test:

- Fever [R50.9]
- Sore Throat [J02.9]
- Cough [R05.9]
- Loss of taste or smell [R43.9]
- Close contact to COVID+ person [Z20.828]
- Covid-19 Screening [Z11.52]

Patient Information:

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY): ____/____/____ Phone#: (____) ____ - ____

Address: _____

Patient Insurance Company: _____

Patient Insurance ID #: _____

Policy Holder / Guarantor: _____

Today's Date: _____

Frederick Pediatric Associates

87 Thomas Johnson Dr. #101
Frederick, MD 21702
Phone: 301.694.0606
Fax: 301.662.6928

6550 Mercantile Dr. East #106
Frederick MD 21703
Phone: 301.668.6347
Fax: 301.668.9780

1311 S. Main Street #304
Mt. Airy, MD 21771
Phone: 301.829.6146
Fax: 301.829.6148

3500 Campus Drive #101
Frederick, MD 21704
Phone: 301.874.6107
Fax: 301.874.2496