

Patient Results Network
Patient Instruction Cards - Order Form

As part of the free trial, patient instruction cards are included. Please provide the needed information to us and we'll get you started right away.

You can: **Call us at 800-613-9050 ext. 24 and provide the details**
 Or Print, complete and fax the form 216-292-2501
 Or Save the form to your PC, complete and email as an attachment to info@patientresult.com.

A proof of the card will be emailed or faxed and once approved it takes approximately one week for delivery of the cards and introductory materials.

Please place an X on the line or enter the appropriate name or number:

The call in date can be printed on the card or there is a blank line and the date can be written in as the card is given to the patient. In considering the number of days, please use business days as there is always confusion as to whether weekend days are counted.

Practice will write the date on the blank_____ line as it is given to the patient.

Week(s) after your test

Business Days after your test

The provider's name is _____

This will be printed along with a 4 digit ID number assigned by PRN.

The patient identifier can be any unique 4 to 10 digit number at the discretion of the practice. One advantage to using patient social security number or a portion of it is that it can be printed on the card. Otherwise the number is written on the blank line as the card is given to the patient.

Patient's social security number.

Last 6 digits of patient's social security number.

Last 4 digits of patient's social security number.

Practice will write an ID number on the blank _____ line as it is given to the patient.

The Practice name is normally printed at the bottom of the card: _____

Contact Person: _____ Address: _____

Phone Number: _____ Suite: _____

Please email proof to: _____ City: _____

Please fax proof to: _____ State: _____ Zip: _____