**Patient Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First Name:** | **Last Name:** | | | |
| **Phone Number:** | **Email:** | | | |
| **Address:** | **City** |  | **Zip** |  |

|  |
| --- |
| Preferred Contact Method:  Call  Text  Email |

**Appointment Details**

|  |
| --- |
| **Service Requested:**  Home Blood Draw  Specialty Lab Kit  Therapeutic Phlebotomy  Specimen Pick up  Biometric Screening |

|  |  |
| --- | --- |
| **Requested Date:** | **Time:** |
| **Do you have a lab order or prescription?** Yes / No (attach if possible) | |

|  |  |
| --- | --- |
| **Do you have a specialty lab kit?** Yes / No | If yes, which kit? |

**Billing & Payment**

|  |
| --- |
| *This is a concierge service and does not accept insurance at this time. Payment is due at the time of service.*  **Preferred payment method:**  Cash  Credit/Debit  Other: \_\_\_\_\_\_\_\_\_\_ |

Please complete this form and send it via fax to (718) 734-2499 or email it to info@rbmobilelabs.com. We will reach out to you using your preferred contact method to schedule your appointment and will make every effort to accommodate your requested date and time.

For faster processing, please include your lab order or therapeutic phlebotomy prescription along with your submission form.

If you have any questions, feel free to contact us at (917) 859-4704 or via email at info@rbmobilelabs.com.