



Avon Old Farms School  
Health Center

**COVID-19 Virus Test Requisition**

**Ordering Clinician:** Dr. Mark Gilroy  
**NPI #:** 1225370349  
**Office address:** 500 Old Farms Road Avon, CT 06001  
**Office phone:** 860-404-4234  
**Office fax:** 860-404-4139

**Patient/Parent to Complete**

Patient name: \_\_\_\_\_ Patient Date of Birth: \_\_\_\_\_  
Patient Home Address: \_\_\_\_\_  
Patient Phone Number: \_\_\_\_\_  
Insurance Company Name: \_\_\_\_\_  
Insurance Member ID: \_\_\_\_\_ Group #: \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_  
Insurance Company Phone Number: \_\_\_\_\_  
Name of Person Responsible for Insurance/Payment: \_\_\_\_\_

**For Lab Use**

**Test ordered:** SARS CoV-2 diagnostic RT-PCR test

**ICD-10 code:** Z11.59 **CPT code:** 87635

Test ordered by: Dr. Mark Gilroy, DO

Date: 12/9/20

**\*\*\*Please fax results to 860-404-4139\*\*\***