

Machaon Diagnostics  
2023 Eighth Street, Berkeley, CA 94710  
8721 Oak Street, New Orleans, LA 70118

## Lab Result Request

Date(s) of Service: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Lab Results Requested:

\_\_\_\_\_

I, \_\_\_\_\_, have requested copies of my clinical laboratory results from Machaon Diagnostics. In receiving these results, I understand that they should only be interpreted by a qualified physician.

I authorize my results to be released to (if other than self):

Name: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

I authorize my results to be sent via (check one):

Mail (Provide

Address): \_\_\_\_\_

\_\_\_\_\_

E-mail (Provide E-mail): \_\_\_\_\_

I understand that I have the right to revoke this authorization, anytime, by sending a written revocation of authorization to Machaon Diagnostics, 2023 Eighth Street, Berkeley, California 94710.

The above statements are true and accurate.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

If Applicable Printed Name of Personal Representative: \_\_\_\_\_