

# Mitten Exams

Fax No. 989-301-0111

Cell Phone 231-649-1672

LAB KITS # \_\_\_\_\_ LAB KITS {CIRCLE ONE} CRL / LAB ONE

Services Performed {circle }

VITALS	BLOOD COLLECTION	URINE SAMPLE	SALIVA SWAB	EKG
Para Med {med hx collected}	HIV Form	HIP AA Form		

Date of Service	DOB _____
Client Name	
Client Address	
Client Phone	
	<b>Insurance</b>
Insurance Co.	
Agent/ Agent NO.	
Policy Type Policy No.	Life _____ Disability _____      Number _____
Policy Amount	
TYPE	Term _____ / Whole Life _____ / Other _____