

**RENSIMER & ASSOCIATES**  
**Coronavirus-19 WALK-IN TESTING INTAKE FORM/ORDER SHEET**

9230 Katy Freeway, Suite 400  
 Houston, TX, 77055  
 Fax: 713-973-0805

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ yrs Gender:  Male  Female  
 Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

**SERVICE CHARGES:** \$90 Administration/Case Eval. (the lab will bill you \$51. 31 separately for the test); you are free to submit charges to your insurer.

We cannot process insurance claims on this service as it is preventive and there is no clean path for reimbursement by insurance. This is intended as a rapid test turnaround for a large volume of cases and we cannot handle such cases as routine, insured cases, filling up exam rooms for medically unnecessary scheduled physician visits to attempt to justify it as an insured cost. Finally, our building is not allowing such screening tests in the building. We will make your appointment to drive up to the front entrance of our building where you will be met by our staff at a workstation there.  
**CALL WHEN YOU ARRIVE: 713-973-0341. DO NOT ENTER THE BUILDING.**

**CORONAVIRUS-19**

Entered in Lab System \_\_\_ Y \_\_\_ N

Illness Onset: \_\_\_\_\_  
 Date

**Symptoms**

- \_\_\_ Body aches
- \_\_\_ Cough
- \_\_\_ Diarrhea
- \_\_\_ Fatigue
- \_\_\_ Fever
- \_\_\_ Nasal Discharge
- \_\_\_ Shortness of Breath
- \_\_\_ Sore Throat

**ATTENTION: WHEN ABOVE COMPLETED, SEND TO THE PHYSICIAN**

**PHYSICIAN SECTION**

**ORDERS**

**RESULTS**

\_\_\_ SARS CoV-2 (COVID-19) PCR  
 \_\_\_ Physician Rating \_\_\_ 20% \_\_\_ 50% \_\_\_ 100%

	Neg	Pos
SARS-CoV-2	___	___

Appointment: Date \_\_\_\_\_ Time \_\_\_\_\_

\_\_\_\_\_  
 Edward R. Rensimer MD

**STAFF SECTION:** \_\_\_ Patient Contacted \_\_\_\_\_  
 Date Initials  
 \_\_\_ Results Certificate Sent \_\_\_\_\_  
 Date Initials

**COMMENTS**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_