

**INTERNATIONAL MEDICINE CENTER  
Coronavirus-19 REMOTE TESTING INTAKE FORM/ORDER SHEET**

9230 Katy Freeway, Suite 400 Houston, TX, 77055

Fax: 713-973-0805

imc@traveldoc.com

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

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ yrs Gender:  Male  Female

Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Heard About Us:  Facebook Ad  Internet Search  ABC 13 TV  Physician  Word of Mouth  Radio

REFERRED BY:  Physician \_\_\_\_\_  Business \_\_\_\_\_

SCHLUMBERGER Priority Client  Other: \_\_\_\_\_

**SERVICE CHARGES:**

	IgG Antibody test		Covid-19 PCR Test		IgM
	LabCorp	Quest	LabCorp	Quest	
Administration/Case Evaluation Fee:	\$50	\$50	\$75	\$75	<b>PENDING</b>
LAB CHARGES:	\$50	\$50	\$100	\$100	
<b>YOUR OVERALL COST:</b>	<b>\$100</b>	<b>\$100</b>	<b>\$175</b>	<b>\$175</b>	

**NOTE:** We will consider a discount of our service charge based on volume of individuals to be tested.

YOUR PREFERRED LAB:  LabCorp  Quest

**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. You can consider submitting all your costs to your medical insurer for possible reimbursement.

PATIENT TEST REQUEST:  COVID-19 Antibody (Serum)  IgG  IgM  COVID-19 PCR virus (nasal swab)

**ATTENTION PATIENT!!!:**

- If you decide to proceed with the nasal swab PCR, when you arrive at our office... call us at 713-973-0341 for additional instruction. **DO NOT ENTER!**
- WE CANNOT GUARANTEE TEST RESULT TURNAROUND TIMES.** In the context of a pandemic, tens of thousands of tests are run daily and that can change up or down on any given day, depending on sudden case outbreak surges. Usual results turnaround is 3-7 days, but can be longer. Until your test is back, you should presume it will be positive, and behave as though you are a risk for transmitting COVID-19 to others.
- If you have COVID-19 symptoms, **THE ANTIBODY TEST IS NOT USEFUL** for the current illness unless you have been ill at least 10 days.

**CORONAVIRUS-19**

ILLNESS Onset: \_\_\_\_\_  No Illness

**Symptoms**

\_\_\_\_\_ Bodyaches \_\_\_\_\_ Diarrhea \_\_\_\_\_ Headache \_\_\_\_\_ Shortness of Breath  
 \_\_\_\_\_ Chills \_\_\_\_\_ Fatigue \_\_\_\_\_ Loss of:  Smell  Taste \_\_\_\_\_ Sore Throat  
 \_\_\_\_\_ Cough \_\_\_\_\_ Fever \_\_\_\_\_ Nasal Discharge

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

**PHYSICIAN SECTION**

**ORDERS**

**RESULTS:**

_____ COVID-19 Virus Antibody: <input type="checkbox"/> IgG <input type="checkbox"/> IgM	Neg	Pos	Equivocal	Date
_____ SARS CoV-2 (COVID-19) PCR (viral RNA)	_____	_____	_____	_____
_____ Physician Rating <input type="checkbox"/> 20% <input type="checkbox"/> 50% <input type="checkbox"/> 100%	_____	_____	_____	_____
(Of Our Admin/ Eval-Fee)	IgM:	_____	_____	_____
LAB: _____ LabCorp _____ LabCorp <b>YELLOW BAG</b> Expedited Specimen	IgG:	_____	_____	_____
_____ Quest				
_____				
Edward R. Rensimer MD				

**Appointment: Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **STAFF SECTION: ORDER ENTERED IN LAB SYSTEM**  Y  N

**STAFF SECTION:**  Patient Contacted (results) \_\_\_\_\_  Results Certificate Sent \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_

Send Web Testimonial Letter \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Initials \_\_\_\_\_