

Additional Workload Codes/Suffixes Request Form

Site Name/City: _____ Site Number: _____ Date: _____

Contact Person: _____ Commercial Ph#: _____ Ext. _____

Procedure Name _____ LEDI _____ CPT Code _____
Abbreviations: _____ Lab Section _____

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Abbreviations: _____ Lab Section _____

Method/Suffix: _____ Lab Section _____
Abbreviation: _____

Method/Suffix: _____ Lab Section _____
Abbreviation: _____

Method/Suffix: _____ Lab Section _____
Abbreviation: _____

Method/Suffix: _____ Lab Section _____
Abbreviation: _____

Instrument Name/Model: _____
Manufacturer's Name: _____

Instrument Name/Model: _____
Manufacturer's Name: _____

Instrument Name/Model: _____
Manufacturer's Name: _____

Submit Request Forms to E-Mail : REDACTED