Return Form

Office Name | **Doctor Name** | **Patient Full Name or Case ID**

What is the reason for returning the case?

Please list all items being returned:

	Y	N
Has there been a second attempt to remake the case?*	☐	☐
Is a remake being requested at this time?**	☐	☐
Are you seeking a credit?***	☐	☐

How would you like to be notified about the credit decision? (provide phone number and/or email below)

Please add any additional comments or concerns:

Name | **Date** | **Signature**

Please complete the Return Form and attach it to the lab Rx slip only if you are requesting a remake simultaneously.