



Request for Patient Results

Please use this form to fax requests for lab results to us at 602.685.5401. Please ensure that a cover sheet from your office is included. Usage of this form indicates that you are requesting the following patient results for continuation of care.

We have increased our staffing to accommodate this new process and requests for reports via fax received by 2 p.m., Monday – Friday (excluding holidays) will be fulfilled on the same business day. You may also include a list of patients with this form; however, please ensure all information requested on the form is included for each patient.

Client Name:	
Sonora Quest Account Number:	
Requestor's Name:	
Fax Number:	
Date:	

Please fax results for the following patient(s):

Patient Name	Date of Birth	Test Name (if applicable)	Date of Service/Timeframe