

## Request for Domiciliary Visit

ALL BOOKINGS MUST BE EMAILED TO:

[MLS.Marlbrough.Reception@medlabsouth.co.nz](mailto:MLS.Marlbrough.Reception@medlabsouth.co.nz)

Patient's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Resthome / Location – wing / room no.: \_\_\_\_\_

Visit Date – in the week starting: \_\_\_\_\_

**Urgent** (determined by Doctor only) Yes ☐ No ☐ (same or next day of request)

### DOCTOR Authorising Visit:

Regular INR (Warfarin)? Tick if yes ☐

Regular other test? Tick if yes ☐

Fasting? Yes ☐ No ☐

Drug Level? Yes ☐ No ☐

Blood test request form emailed to Medlab? Yes ☐ No ☐

Blood test request form held at Resthome / house? Yes ☐ No ☐

Any other information we might need to know e.g., dogs on property, other persons on property:

Compulsary Questions: New cough/Fever/Sore throat/Cold symptoms/Breathlessness: Yes/No

Other known Hazards:

\_\_\_\_\_

### Eligibility Declaration

The above patient is housebound and has no other means of attending a Medlab Clinic.

Signed by Dr. \_\_\_\_\_

### Medlab office use only

**CONFIRMATION OF DOMICILIARY VISIT DATE:** \_\_\_\_\_  
(VISIT COULD BE AM OR PM FOR FASTING OR DRUG LEVELS)

CONFIRMATION (USUALLY AM) EMAILED: \_\_\_\_\_

SIGN: \_\_\_\_\_