LabLink demographic discrepancies (merge request)



This form is to be used when a patient is created with discrepant demographics and needs to be updated in LabLink.

To update the system, complete the following information and submit this form via email to CentralLabClientServices@allina.com or fax to (612) 863-4067.

Note: All fields are required for your request to be processed.

Contact name:			Client code:
			Date:
Contac	t phone numbe	r:	
Patient	t's correct demo	graphics, this is the patient that will	remain in LabLink after merge is
comple			
	Note: if the pat	ient with the correct demographics d	oes not exist in LabLink, you must create a
	new patient pr	ior to completing and submitting this	form.
	Last name:		
	First Name:		
	MI:		
	Gender:	☐ Male ☐ Female	
	DOB:		
	Phone:		
	Address:		
	City:		
	State:		
	Zip code:		
Incorre	ect patient's den	nographics:	
	Last name:		
	First Name:		
	MI:		
	Gender:	☐ Male ☐ Female	
	DOB:		
	Phone:		
	Address:		
	City:		
	State:		
	Zip code:		
	=		rerified accurate and you are authorizing ne correct patient as identified above.
Reques	stor's signature		Date