

ALL YELLOW AREAS REQUIRED

Patient Name (Last, First, M.I.)		Date of Birth	Sex
Patient Address			
City		State	Zip Code
Patient Telephone Number		Ordering Provider First and Last Name	
Ordering Provider Signature			

Bill To: Client Patient Insurance (Listed Below)

Skilled-Part A: Yes No

PRIMARY INSURANCE

Insurance Company Name	Address	
Subscriber Name		Relationship
Policy/Certificate/ID #	Employer/Group #	

SECONDARY INSURANCE

Insurance Company Name	Address	
Subscriber Name		Relationship
Policy/Certificate/ID #	Employer/Group #	

To CC another provider, choose one:

Fax: Name _____ # _____ (First and Last Name) (Fax Number)

Call: Name _____ # _____ (First and Last Name) (Telephone Number)

Mail: Name _____ Address _____

Patient I.D. Number and Comments To Appear On Report (Up to 30 Characters)

FASTING Y N When ordering tests for Medicare patients, please select only those tests which are medically necessary for the diagnosis or treatment of the patient. Medicare does not pay for routine screening tests.

(Diagnosis/Signs/Symptom in ICD Format)									
1. ICD#	2. ICD#	3. ICD#	4. ICD#	5. ICD#	ICD#	ICD#	ICD#	ICD#	ICD#
Collection Date	Collection Time	AM PM	Collected By:	Start Date for Collection	End Date for Collection	Urine Time	Hour(s)	Total Urine Volume	ml

Additional Tests:

ORGAN / DISEASE PANELS

Arthritis/SLE Panel **PROF3* S**

Basic Metabolic Panel **BMPAN S**

Comp Metabolic Panel **CMPAN S**

Electrolyte Panel **LYTES S**

Hepatic Function Panel **LFT S**

Hepatitis profile, Acute **ACHEP* S**

Hepatitis Profile, Chronic **CHHEP* S**

Lipid Panel 1 **LPPR1* S**

Renal Function Panel **RENFP S**

PINK / EDTA

Blood Type & Screen **ATSC* P**

LAVENDER / EDTA

CBC w/o Diff **HGM L**

CBC with Diff **CBCD* L**

Glyco HGB, A1C **GLYCO L**

Hematocrit **HCTI L**

Hemoglobin **HGBI L**

Homocysteine **HOMCY L,F,P**

Lead (Navy EDTA) **PBDEM**
(Lead/Heavy Metals Reporting Form)

Lead, Pedi **LEADP L**
(State Lead Form Required)

Monoscreen **MONO L**

Sed Rate **ESR L**

BLUE TOP

PT / INR (Protime) **INRT B**

PTT (Freeze Plasma) **PTT B,FR**

URINE

HCG, Qual (pos or neg) **HCGU U**

Microalbumin, Random **MABSP U**

Urinalysis Reflex Sediment + Culture (Culture if indicated) Source **UAPR* U**

Urinalysis Screen Reflex Sediment **URSCR* U**

Urinalysis + Sediment **URSED U**

Urine Culture **URCUL* U**
Source

GENERAL TESTS - SERUM

<input type="checkbox"/> Albumin ALB S	<input type="checkbox"/> LH Lutenizing Hormone LH S
<input type="checkbox"/> ALT (SGPT) ALT S	<input type="checkbox"/> Lipase LIPA S
<input type="checkbox"/> Amylase AMYL S	<input type="checkbox"/> Lyme Disease AB LYMES* S
<input type="checkbox"/> ANA (Anti-Nuclear AB) ANA* S	<input type="checkbox"/> Magnesium MG S
<input type="checkbox"/> ANA with ds DNA Reflex ANAR* S	<input type="checkbox"/> Phenytoin (Dilantin) DILAN S
<input type="checkbox"/> AST (SGOT) AST S	<input type="checkbox"/> Phosphorous PHOS S
<input type="checkbox"/> Bilirubin, Direct BILD S	<input type="checkbox"/> Potassium K S
<input type="checkbox"/> Bilirubin, Total BILIT S	<input type="checkbox"/> Prealbumin PRE S
<input type="checkbox"/> BUN (Urea Nitrogen) BUN S	<input type="checkbox"/> PRO-BNP PBNP PST
<input type="checkbox"/> CA 125 CA125 S	<input type="checkbox"/> Prolactin PROLA S
<input type="checkbox"/> Cholesterol CHOL S	<input type="checkbox"/> Protein, Total TPROT S
<input type="checkbox"/> CK (Creatine Kinase) CK S	<input type="checkbox"/> PSA (Diagnostic) PSAD S
<input type="checkbox"/> Creatinine + GRF CREA S	<input type="checkbox"/> PSA (Screening) PSA S
<input type="checkbox"/> CRP, Cardiac CRPC S	<input type="checkbox"/> PTH Intact PTHI S,FR
<input type="checkbox"/> CRP, Inflammatory CRPR S	<input type="checkbox"/> Rheumatoid Factor RFS S
<input type="checkbox"/> Digoxin DIG S	<input type="checkbox"/> T. pallidum AB TREP* S
<input type="checkbox"/> Estradiol ESTR2 S	<input type="checkbox"/> T3, Total T3 S
<input type="checkbox"/> Ferritin FERR S	<input type="checkbox"/> T4, Free T4F S
<input type="checkbox"/> Folate/B12 FOB12 S	<input type="checkbox"/> T4, Total T4 S
<input type="checkbox"/> FSH (Follicle Stim Hormone) FSH S	<input type="checkbox"/> Testosterone TSTO S
<input type="checkbox"/> Gamma GT GGT S	<input type="checkbox"/> Thyroid Stim Horm (TSH) TSH S
<input type="checkbox"/> Glucose GLU S	<input type="checkbox"/> Tissue Transglutamin (ITG) AB, IGA TTRIA S
<input type="checkbox"/> HCG, Quantitative HCGB S	<input type="checkbox"/> Uric Acid URIC S
<input type="checkbox"/> Hepatitis B Surface AB HBSAB S	<input type="checkbox"/> Valproic Acid VALPR S
<input type="checkbox"/> Hepatitis B Surface AG HBSAG* S	<input type="checkbox"/> Vancomycin VANC R
<input type="checkbox"/> HIV 1/2 AB & AG HIVCO* S	<input type="checkbox"/> Vitamin B12 B12 S
<input type="checkbox"/> H. Pylori AB, IGG HPYLO S	<input type="checkbox"/> Vitamin D, Total (250H) VITDT S
<input type="checkbox"/> Immunoglobulin A (IGA) IGA S	
<input type="checkbox"/> Immunoglobulins QIGS S	
<input type="checkbox"/> Iron & TIBC TIBC S	
<input type="checkbox"/> LD (LDH) LD S	

STOOL

C Difficile Toxin Gene **CDIFF**

Ova + Parasite Exam **O/P**

Enteric Panel **ENBP***

Occult Blood, Feces, Immunoassay

Screening **IFOBT**

Diagnostic **IFOBD**

OTHER

Chlamydia/GC DNA **CT/GC** or individual:

Chlamydia (CTDNA)

Gonorrhoeae (GCDNA)

___ Cervix ___ Urethra ___ Urine

___ Vag ___ Penile

Culture, Throat **THCUL**

INTERNAL USE ONLY

___ SST ___ FZ ___ NDAY

___ UNST ___ STL ___ STOPS

___ BL ___ UR ___ MILES

___ RD ___ MIL20 ___ PATIENTS

___ LV ___ DCI ___ ATW

___ TS ___ STAT ___ NHSTA

LABORATORY USE ONLY

*SEE REVERSE SIDE FOR REFLEX TESTING

BOLD ITALICS INDICATE LIMITED COVERAGE FOR MEDICARE PATIENT