



Lab Use Only

ADDITIONAL COPY TO (NAME):

FAX NUMBER FOR ADDITIONAL SITE:

STAT (Additional Charge)

**Patient Information:** (Please Print)

Lab Bill To:  My Account  Medicare  Patient's Insurance  Medicaid  Patient  \* Additional Information Required

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security Number: \_\_\_\_-\_\_\_\_-\_\_\_\_

Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_:\_\_\_\_:\_\_\_\_ am pm Collected by: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_-\_\_\_\_ Patient Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Patient's Relationship to Insured:  self  spouse  dependent

Responsible Party (omit if same): \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Payment by Medicare (Attach copy of Card- front & back)**  
Medicare Number: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**Payment by IDPA (Attach copy of Card- front & back)**  
Cardholder name: \_\_\_\_\_ Cardholder DOB: \_\_\_\_\_

Is this patient pregnant? Yes No IF YES, DUE DATE: \_\_\_\_\_

Recipient #: \_\_\_\_\_ Case #: \_\_\_\_\_

**Payment by Insurance (Attach copy of Card- front & back)**  
Insurance Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Address: \_\_\_\_\_ Policy #: \_\_\_\_\_

\*\*\*Physician Signature: \_\_\_\_\_

**Ordering Physician(s)**

**Diagnosis related to ordered tests (ICD-10 codes effective 10-1-2015)**

(1)	(2)	(3)
(4)	(5)	(6)

DX	AMA Approved Panels	DX	DX	DX	DX
		0700 ABO Grp & Rh Type	0151 Creatinine	2670 Iron,Trans,calc TIBC	7745 Stool Culture
1221	Basic Metabolic Panel	0140 Albumin	7196 Cardio CRP	0164 LDH	0121 Strep A-Rapid Ag
		0170 Alk P'tase	0096 CRP	8440 Lead	7071 Strep A Culture-Throat
0356	Comp Metabolic Panel	0177 ALT (SGPT)	0268 Digoxin	7437 Lead-Micro	7084 Strep B Culture-Vaginal
		0176 AST (SGOT)	0265 Dilantin	0139 Magnesium	7556 T3, Total
0222	Electrolyte Panel	0270 BHCG-Qual	0280 Ferritin	5734 Ova & Parasites	7550 T3, Free
		0281 BHCG-Quantitative	7370 Folate	0172 Phosphorus	0253 T4
0358	Hepatic Function Panel	0271 BHCG-Tumor	1157 Glucose	0223 Potassium	0309 T4 Free
		0144 Bili, Direct	8280 GlycoHgb	0174 Protein, Total	0255 TSH
0310	Hepatitis Panel, Acute	0143 Bili, Total	0318 HDL	0056 Prottime/ INR	0007 UA/ reflex to micr.
		8035 CA 19-9	7988 Helicobacter Pylori IgG	0335 PSA- Diagnostic	0180 Urea Nitrogen
0311	Lipid Panel	0146 Calcium	0052 Hematocrit	0343 PSA- Screen	0181 Uric Acid
		0036 CBC w/Diff	0048 Hemoglobin	0090 RPR	7086 Urine Culture
5063	Obstetric Panel	0147 Chloride	7830 Hepatitis B Surf Ab	0091 Rubella Immunity	0840 Varicella Immunity
		0272 CEA	7840 Hepatitis B Surf Ag	0822 Rubeola Immunity	7380 Vitamin B12
0369	Renal Function Panel	0149 Cholesterol, Tot.	7221 Hepatitis C Ab	0065 Sed Rate	8121 Vitamin D(1,25Dihydrox)
		7180 Clost. difficile Ag	8702 Homocysteine	0123 Sodium	8210 Vitamin D, 25 OH