

PATIENT: \_\_\_\_\_ SS# \_\_\_\_\_

D/O/B: \_\_\_\_\_ ☐ MALE ☐ FEMALE ☐ FASTING ☐ NON FASTING

TIME & DATE COLLECTED: \_\_\_\_\_ LAST MEDICATION DATE & TIME: \_\_\_\_\_

REC. DATE / TIME \_\_\_\_\_

☐ STAT \_\_\_\_\_

DRAWN BY: \_\_\_\_\_

**BILLING INFORMATION: PLEASE INDICATE WHOM TO BILL**

☐ ACCOUNT ☐ PATIENT ☐ MEDICARE ☐ MEDICAID ☐ PRIVATE INSURANCE

GUARANTOR: \_\_\_\_\_

INS. CO. NAME / ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ (REQUIRED)

MEDICARE #: \_\_\_\_\_

SS# / POLICY #: \_\_\_\_\_

MEDICAID #: \_\_\_\_\_

GROUP #: \_\_\_\_\_

DCIM-9 DX CODES: \_\_\_\_\_

**\*\*\* ICDM-9 / DIAGNOSIS CODE REQUIRED WHEN ORDERING LABORATORY TESTS \*\*\***

FAILURE TO COMPLETE BILLING INFORMATION OR DX CODES WILL RESULT IN A CHARGE TO YOUR ACCOUNT.  
PLEASE BE ADVISED MEDICARE DOES NOT PAY FOR ROUTINE SCREENING OR TESTING THEY CONSIDER MEDICALLY  
UNNECESSARY FOR THE DX CODE. PLEASE ADVISE YOUR PATIENT PRIOR TO ORDERING. THANK YOU.

**TESTS REQUESTED:**

☐ BASIC METABOLIC PANEL  
☐ COMPREHENSIVE METABOLIC  
☐ ACUTE HEPATITIS PANEL  
☐ ELECTROLYTE PANEL  
☐ HEPATIC FUNCTION PANEL  
☐ LIPID PANEL  
☐ RENAL FUNCTION PANEL  
☐ ALBUMIN  
☐ AMMONIA  
☐ B12  
☐ BUN  
☐ CALCIUM  
☐ CARBAMAZEPINE  
☐ CBC WITH DIFF & PLT COUNT  
☐ CHOLRIDE  
☐ CHOLESTEROL  
☐ CO2  
☐ CPK  
☐ CREATININE  
☐ DEPAKENE  
☐ DIGOXIN  
☐ DILANTIN  
☐ FERRITIN  
☐ FOLATE  
☐ GLUCOSE  
☐ HELICOBACTER  
☐ HGB / HCT  
☐ HGB A1C  
☐ IRON  
☐ TOTAL IRON BINDING  
☐ MAGNESIUM  
☐ MYSOLINE

☐ PHENOBARB  
☐ PLATELET COUNT  
☐ PHOSPHORUS  
☐ POTASSIUM  
☐ PREALBUMIN  
☐ PRIMIDONE  
☐ TOTAL PROTEIN  
☐ PROTIME / INR  
☐ PTT  
☐ PSA SCREEN  
☐ PSA DIAGNOSTIC  
☐ RETICULOCYTE COUNT  
☐ SED RATE  
☐ SGOT / AST  
☐ SGPT / ALT  
☐ SODIUM  
☐ TESTOSTERONE  
☐ TEGRETOL  
☐ THEOPHYLLINE  
☐ TRIGLYCERIDES  
☐ TSH  
☐ T3  
☐ T3 (FREE)  
☐ T4  
☐ T4 (FREE)  
☐ URIC ACID

☐ URINALYSIS  
☐ URINE CULTURE & SENSITIVITY  
☐ OTHER CULTURE & SENSITIVITY  
SOURCE: \_\_\_\_\_  
☐ GRAM STAIN  
☐ STOOL CULTURE & SENSITIVITY

☐ STOOL OCCULT BLOOD  
☐ STOOL OCP  
☐ STOOL WBC

OTHER :