



PHYSICIAN'S NAME AND ADDRESS

PATIENT'S INFORMATION *Please provide clear copies of patient photo ID and insurance card(s)*

PATIENT LAST NAME		FIRST NAME		MIDDLE
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH (M/D/Y)	MOBILE PHONE	E-MAIL	
ADDRESS				APT.#
CITY			STATE	ZIP

INSURANCE INFORMATION

<input type="checkbox"/> BILL INSURANCE	INSURANCE	PRIMARY INSURANCE	SECONDARY INSURANCE	DATE
<input type="checkbox"/> BILL PATIENT				
<input type="checkbox"/> BILL MEDICAL PRACTICE	MEMBER ID			TIME <input type="checkbox"/> AM <input type="checkbox"/> PM

SPECIMEN COLLECTION

ICD-10 / DIAGNOSES

TEST PANELS

STAT  FASTING

<input type="checkbox"/>	P20 <input type="checkbox"/> ANEMIA PROFILE SS, LV	T333 <input type="checkbox"/> GLUCOSE TT 1 HR/OBGYN GY	123P <input type="checkbox"/> PROSTATE HEALTH / PHI SS
<input type="checkbox"/>	31 <input type="checkbox"/> ARTHRITIS PROFILE SS, LV	27 <input type="checkbox"/> HEPATIC FUNCTION SS	603 <input type="checkbox"/> PROT. ELECT. PH./SPEP SS
<input type="checkbox"/>	39 <input type="checkbox"/> B12 + FOLATE DEFICIENCY SS	2254 <input type="checkbox"/> HEPATITIS PANEL SS	P123 <input type="checkbox"/> PSA TOTAL & FREE SS
<input type="checkbox"/>	11 <input type="checkbox"/> BASIC METABOLIC PROFILE SS	38 <input type="checkbox"/> LIPID PROFILE SS	8980 <input type="checkbox"/> QuantiFERON-TB Gold Plus Coll. Kit
<input type="checkbox"/>	12 <input type="checkbox"/> COMPREHENSIVE METABOLIC SS	285 <input type="checkbox"/> LYME TOTAL ABS, EIA SS	S236 <input type="checkbox"/> TESTOSTERONE, Free & Total SS
<input type="checkbox"/>	24 <input type="checkbox"/> DIABETIC PROFILE GY, LV	C907 <input type="checkbox"/> NMR, LIPOPROFILE RE	62 <input type="checkbox"/> THYROID PROFILE SS
<input type="checkbox"/>	10 <input type="checkbox"/> ELECTROLYTES SS	C527 <input type="checkbox"/> PLAC (LP-PLA2) SS	6305 <input type="checkbox"/> UTI by PCR UC
<input type="checkbox"/>	GPP <input type="checkbox"/> GASTROINTESTINAL PATH. PANEL ST	(Medicare Patients Only)	
<b>COVID-19 RESPONSE / RESPIRATORY</b>			
<input type="checkbox"/>	C455 <input type="checkbox"/> 2019 Novel Corona Virus Disease (COVID-19) Saline	RPP <input type="checkbox"/> RESPIRATORY PATHOGEN PANEL Saline	4642 <input type="checkbox"/> COVID IGG (TRIMERIC) SS
<input type="checkbox"/>	C456 <input type="checkbox"/> RESPIRATORY PATH. PANEL (RPP) + COVID-19 Saline	C495 <input type="checkbox"/> COVID IGG/IGM ABS SS	

TESTS	117G <input type="checkbox"/> GLUCOSE fasting SS/GY	036 <input type="checkbox"/> PT/INR BL	CANCER MARKERS
S665 <input type="checkbox"/> ABO group & RH LV	119 <input type="checkbox"/> HGB A1C LV	037 <input type="checkbox"/> PTT BL	684 <input type="checkbox"/> CA 125 SS
102 <input type="checkbox"/> ALK, PHOSPHATASE SS	X397 <input type="checkbox"/> HGB A1c w/ref to Glycomark LV+SS	247 <input type="checkbox"/> RETICULOCYTE cnt LV	698 <input type="checkbox"/> CA 15.3 SS
106 <input type="checkbox"/> ALT (SGPT) SS	GLYM <input type="checkbox"/> GLYCOMARK LV+SS	304 <input type="checkbox"/> RF (Rheumatoid) SS	CA19 <input type="checkbox"/> CA19 SS
105 <input type="checkbox"/> AMYLASE SS	147 <input type="checkbox"/> HCG Beta sub Quant SS	311 <input type="checkbox"/> RUBELLA IgG Ab SS	CA27 <input type="checkbox"/> CA27 SS
0301 <input type="checkbox"/> ANA Screen SS	108 <input type="checkbox"/> HDL Cholesterol SS	305 <input type="checkbox"/> RPR SS	383 <input type="checkbox"/> CEA SS
1365 <input type="checkbox"/> APOLIPOPROTEIN B SS	657 <input type="checkbox"/> HSV I IgG SS	246 <input type="checkbox"/> SED RATE (ESR) LV	197 <input type="checkbox"/> AFP Tumor marker SS
302S <input type="checkbox"/> ASO (Quant) SS	658 <input type="checkbox"/> HSV II IgG SS	056 <input type="checkbox"/> SICKLE Cell Monitoring LV	
107 <input type="checkbox"/> AST (SGOT) SS	7035 <input type="checkbox"/> HERPES SIMPLEX VIRUS, PCR UTM/UA	5331 <input type="checkbox"/> T3 Reverse SS	<b>MICROBIOLOGY</b>
129 <input type="checkbox"/> BILIRUBIN, Total SS	747A <input type="checkbox"/> HEMOGLOBIN ELECTROPH LV	252 <input type="checkbox"/> T4, FREE SS	BFCG <input type="checkbox"/> CULT. BODY FLUID FL
113 <input type="checkbox"/> BILIRUBIN, Direct SS	303 <input type="checkbox"/> HETEROPHILE Scr (MONO) SS	145 <input type="checkbox"/> T3 UPTAKE SS	GENC <input type="checkbox"/> GENITAL CULTURE SW
0712 <input type="checkbox"/> BNP LV	0985 <input type="checkbox"/> HIV-1/2 AB SS	980 <input type="checkbox"/> T3, TOTAL SS	STCU <input type="checkbox"/> CULTURE STOOL ST
111S <input type="checkbox"/> PRO BNP-NT SS	L836 <input type="checkbox"/> H. PYLORI Breath KIT	144 <input type="checkbox"/> T4, TOTAL RE	THAB <input type="checkbox"/> CULT. THROAT (Strep A, B) SW
136 <input type="checkbox"/> BUN SS	677 <input type="checkbox"/> HOMOCYSTEINE SS	X621 <input type="checkbox"/> TEGRETOL (Carbam) SS	URCS <input type="checkbox"/> URINE CULTURE w/sens. UC
103 <input type="checkbox"/> CALCIUM SS	BLPB <input type="checkbox"/> LEAD RB/LV	187 <input type="checkbox"/> TESTOSTERONE, Total SS	Wouc <input type="checkbox"/> CULTURE WOUND SW
20 <input type="checkbox"/> CBC, DIFF, PLT LV	123 <input type="checkbox"/> LDH SS	IRIB <input type="checkbox"/> IRON/TIBC SS	CDIF <input type="checkbox"/> C.Diff Tox A&B/GDB Ag ST
109 <input type="checkbox"/> CHOLESTEROL SS	0987 <input type="checkbox"/> LDL Direct SS	Q518 <input type="checkbox"/> THYROGLOBULIN AB SS	<b>GYNECOLOGY</b>
712 <input type="checkbox"/> CK-MB SS	140 <input type="checkbox"/> LH SS	5078 <input type="checkbox"/> THYROID PEROXIDASE AB SS	PAP <input type="checkbox"/> AccuPAP
110 <input type="checkbox"/> CPK SS	3369 <input type="checkbox"/> LIPASE SS	132 <input type="checkbox"/> TRIGLYCERIDES SS	GYN <input type="checkbox"/> AccuPAP with reflex to HPV (High Risk) if ASCUS TP
1536 <input type="checkbox"/> CRP WANT SS	S194 <input type="checkbox"/> LIPOPROTEIN-A SS	146N <input type="checkbox"/> TSH SS	3260 <input type="checkbox"/> AccuPAP w/reflex to HPV (High Risk) if ASCUS or greater TP
2007 <input type="checkbox"/> CRP CAROM (HS) SS	125 <input type="checkbox"/> MAGNESIUM SS	137 <input type="checkbox"/> URIC ACID SS	HPV <input type="checkbox"/> HPV (High Risk) TP
CF60 <input type="checkbox"/> CYSTIC FIBROSIS, 60 mut LV	944 <input type="checkbox"/> MEASLES Ab IgG (Rubeola) SS	030 <input type="checkbox"/> URINALYSIS UA	GHPV <input type="checkbox"/> AccuPAP with HPV (High Risk) TP
148 <input type="checkbox"/> DIGOXIN RE	212 <input type="checkbox"/> MICROALBUMIN UA	X658 <input type="checkbox"/> VALPROIC ACID DEPAKENE RE	X105 <input type="checkbox"/> AccuPAP with HPV (HR) + CT/GC + TV TP
X987 <input type="checkbox"/> DILANTIN RE	765 <input type="checkbox"/> MUMPS Ab IgG SS	S402 <input type="checkbox"/> VARICELLA Ab IgG SS	NGYN <input type="checkbox"/> CYTOLOGY (URINE) UC
1076 <input type="checkbox"/> DNA DS, IgG IFA SS	655 <input type="checkbox"/> PARATHYROID Harm. Intact SS	162 <input type="checkbox"/> VITAMIN B12 SS	BVAG <input type="checkbox"/> BACTERIAL VAGINOSIS TP/APT
1798 <input type="checkbox"/> EBV Panel SS	127 <input type="checkbox"/> PHOSPHORUS SS	995 <input type="checkbox"/> VITAMIN D-25 HYDROXY SS	7451 <input type="checkbox"/> BACT. VAG. w/AccuPAP TP/APT/JC
4656 <input type="checkbox"/> ESTRADIOL, SENSITIVE SS	134 <input type="checkbox"/> POTASSIUM SS	X995 <input type="checkbox"/> 0 & P STOOL ST	CGU <input type="checkbox"/> GC / Chlamydia (Urine) UC
115 <input type="checkbox"/> FERRITIN SS	A134 <input type="checkbox"/> PROGESTERONE SS	930 <input type="checkbox"/> OCCULT BLOOD/ IFOBT KIT	<b>SOURCE:</b>
163 <input type="checkbox"/> FOLATE SS	181 <input type="checkbox"/> PROLACTIN SS		CX <input type="checkbox"/> VG <input type="checkbox"/> LMP _____
139 <input type="checkbox"/> FSH SS	131 <input type="checkbox"/> PROTEIN Total SS		
116 <input type="checkbox"/> GGT (GGTP) SS	196 <input type="checkbox"/> PSA, Total SS		

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_