

LABORATORY REQUEST

REMINDER: DON'T FORGET 2 IDENTIFIERS LAST & FIRST NAME AND DATE OF BIRTH



SADDLEBACK MEMORIAL MEDICAL CENTER
24451 Health Center Dr. Laguna Hills, CA 92653
654 Camino de los Mares San Clemente, CA 92673
949-452-3405 949-496-1122

ORDER DATE: TIME:

DID YOU REMEMBER... TO INCLUDE DIAGNOSIS CODE(S)? TO REQUEST OR MARK TEST(S)? TO CHECK "BILL TO" BOX?

PLEASE PRINT CLEARLY ALL INFORMATION MUST BE PROVIDED OR CLIENT ACCOUNT MAY BE BILLED.

COMPLETE FOR ALL BILLING TYPES (Please attach a copy of MEDI-CARE or Insurance Card)
PATIENT INFO: PATIENT NAME, PREVIOUS LAST NAME, DATE OF BIRTH, AGE, SEX, SOCIAL SECURITY #, PHONE #, ADDRESS, CITY, STATE, ZIP, ORDERING PHYSICIAN, COPY TO, FAX #.
INSURANCE: PRINT NAME OF INSURED, RELATIONSHIP TO INSURED, INSURANCE CO., DATE OF BIRTH, ADDRESS, GROUP #, CITY, STATE, ZIP, WORK COMP COMPANY NAME, EMPLOYER PHONE #, INSURED SOCIAL SECURITY #, MEDICAL GROUP / IPA INFO.
BILL TO: CLIENT/PHYSICIAN, PATIENT, CASH PAY, MEDICARE, MEDICAID, OTHER INSURANCE, WORKMAN'S COMP, EMPLOYEE DISCOUNT, MD DISCOUNT, DROP OFF, PRE-OP, FASTING, NON-FASTING.
STAT: STAT - CALL OR FAX, DURING OFFICE HOURS ONLY TO: PHONE #, FAX #.

INSURANCE PTS. ONLY The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient he/she hereby individually obligates himself/herself to pay the account of the hospital in accordance with the terms of the hospital.

PATIENT/PARENT/GUARDIAN/CONSERVATOR DATE DATE/TIME COLLECTED: By

Diagnosis(es) or Signs/Symptoms for each test: REQUIRED

TESTS and DX CODE columns.
TESTS: ALT (SGPT), ANA - Reflex to Titer if ind, \*APTT - Act Prtl Thromboplast, \*BHCG Quant, Cancer Antigen 125, \*CBC w/diff (scan/man if ind), \*CBC - no differential, \*CBC w/manual differential, \*ESR - Westergreen, Ferritin, \*Iron Total, Hemoglobin & Hematocrit (H&H), \*HGB A1C, \*HIV 1&2 AB w/rfx to Westblt, Homocysteine, LDL Direct, Magnesium, \*PT - Prothrombin Time, \*PSA - Prostate Spec Antigen, Rheumatoid Factor (RA), \*T4 Free, \*TSH (HS/3rd Gen), Total Iron Binding Capacity (TIBC), UA - Urinalysis-micro if ind, Uric Acid.
\*\*\*PROFILES\*\*\*: Basic Met Panel, Comp Met Panel, Hepatic Function Panel, Hepatic Panel, \*Lipid Panel, \*Lipid Pan w/rfx LDL DIR if ind.
\*\*\*OTHER\*\*\*: Chlamydia & GC Aptima, Chlamydia Aptima, GC Aptima.

TESTS and DX CODE columns.
\*\*\*MICROBIOLOGY\*\*\*: CULTURES - SENSI if indicated, ROUTINE - Source, ANAEROBIC - Source, GC - Source, Throat Culture, \*Urine Culture, Nasal Culture, Viral (Susp virus), Herpes (M4 Transport Media).
\*\*\*STOOL STUDIES\*\*\*: Clostridium Difficile, Stool WBC's (Lactoferrin), Occult Blood, Stool C&S (Parapak), Parasite Panel - Rapid.

ICD-9 / DIAGNOSIS \*\*
1.
2.
3.
Person authorized to release Diagnosis information:

LAV ROYAL GRN UA CUP 7 mL RED GRAY BLUE SST
YEL SWAB VIRAL TRANSPORT FRESH STOOL STOOL TRANSPORT
APTIMA SWAB FROZEN SPUTUM FIOBT OTHER

ROU'd by:

Saddleback Memorial Medical Center  
 24451 Health Center Drive  
 Laguna Hills, CA 92653  
 (949) 452-3405

**PATHOLOGISTS**  
 Dr. Vivian Mendoza  
 Dr. Meredith Peake  
 Dr. Albert Huang  
 Dr. Shih-Jwo Huang  
 Dr. Sonja Matthias

Calif. License No. 206426  
 Medicare Provider No. M050603  
 Federal I.D. No. 95-2585792  
 CLIA No. 05D0578029

**ADVANCE BENEFICIARY NOTICE**

Medicare will only pay for services that it determines to be medically reasonable and necessary under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular test, although it would otherwise be covered, "is not reasonable and necessary", under the Medicare Program Standards, Medicare will deny payment.

Tests ordered by your physician which are likely to be denied for payment should be identified by the \* symbol. By signing the separate acknowledgement form you are agreeing to be financially responsible for payment.

**ICD-9 / DIAGNOSIS CODES**

**Provider/Physician Offices: An important message from Lab:** We would like to remind providers that we cannot accept diagnosis(es) that include the terms probable, pected, rule out, questionable when ordering diagnostic services for your patient. Instead we request that you document the patient's signs and degree of specificity known. This should include signs and symptoms, abnormal test results or other reasons for the tests. **Medicare generally does not**

ABD/PLVC SWL/MS/LMP OTH S	789.39	ENLARGEMENT LYMPH NODES	785.6	NONTOX UNINODULAR GOITER	241
ABDOM PAIN,EPIGASTRIC	789.06	ESOPHAGEAL REFLUX	530.81	OBESITY, UNSPECIFIED	278
ABDOM PAIN,UNSP SITE	789	EXCESSIVE MENSTRUATION	626.2	OSTEOMALACIA NOS	268.2
ABN BLOOD CHEMISTRY NEC	790.6	FEMALE CLIMACTERIC STATE	627.2	OSTEOPOROSIS NOS	733
ABN CLINICAL FINDING NEC	796.4	FETAL/NEONATAL JAUND NOS	774.6	OT,LCL INF SKIN/SC OT PYO	686.09
ABN FIND-STOOL CONTENTS	792.1	FEVER	780.6	OTH GENERAL SYMPTOMS	780.99
ABN GLUCOSE-ANTEPARTUM	648.83	FUNCTIONAL DIARRHEA	564.5	OTH LYMPH,UN ST,XNOD&SOLD	202.8
ABN LIVER FUNCTION STUDY	794.8	GASTROINTEST HEMORR NOS	578.9	OTH PULM EMBOL&INFARCTION	415.19
ABN SERUM ENZY LEVEL NEC	790.5	GOUT NOS	274.9	OTH SPEC HYPOGLYCEMIA	251.1
ABNORMAL WEIGHT GAIN	783.1	GOUTY ARTHROPATHY	274	OTH SPEC PRE-OP EXAM	V72.83
ABSENCE OF MENSTRUATION	626	GU INFECT IN PREG-UNSPEC	646.6	OTHER ABNORMAL GLUCOSE	790.29
ACNE NEC	706.1	HAIR DISEASES NEC	704.8	OTHER CONVULSIONS	780.39
ACQUIRED HYPOTHYROID NEC	244.8	HEADACHE	784	OTHER MALAISE FATIGUE	780.79
ACUTE CYSTITIS	595	HEART VALVE REPLAC NEC	V43.3	PALPITATIONS	785.1
ACUTE PANCREATITIS	577	HEMATURIA	599.7	PERNICIOUS ANEMIA	281
ACUTE PHARYNGITIS	462	HEMORRH DIS DT INTR CIR A	286.5	PNEUMONIA, ORGANISM NOS	486
ALOPECIA NOS	704	HEPATITIS NOS	573.3	POLYMYALGIA RHEUMATICA	725
ANEMIA NOS	285.9	HYPERCALCEMIA	275.42	POSTSURGICAL HYPOTHYROID	244
ANEMIA, END STAGE RENAL D	285.21	HYPERLIPIDEMIA NEC/NOS	272.4	PREG STATE, INCIDENTAL	V22.2
ANTENATAL SCREENING NEC	V28.8	HYPERPARATHYROIDISM, UNSP	252	PRE-OP EXAM,UNSPECIFIED	V72.84
ARTHROPATHY NOS-UNSPEC	716.9	HYPERPOTASSEMIA	276.7	PROSTATITIS NOS	601.9
ATRIAL FIBRILLATION	427.31	HYPERTENSION NOS	401.9	PT EPI W SZ WO INTRACT EP	345.4
BACKACHE NOS	724.5	HYPERTROPHY PROSTATE W/O	600	PURE HYPERCHOLESTEROLEM	272
BENIGN HYPERTENSION	401.1	HYPOGLYCEMIA NOS	251.2	PYODERMA NOS	686
BLOOD IN STOOL	578.1	HYPOPOTASSEMIA	276.8	RECTAL & ANAL HEMORRHAGE	569.3
BONE & CARTILAGE DIS NOS	733.9	HYPOSMOLALITY	276.1	REGIONAL ENTERITIS NOS	555.9
CALCULUS OF KIDNEY	592	HYPOTHYROIDISM NOS	244.9	RENAL & URETERAL DIS NOS	593.9
CARDIAC DYSRHYTHMIA NOS	427.9	HYPRTROPH PROST W URN OBS	600.01	RHEUMATOID ARTHRITIS	714
CELLULITIS NOS	682.9	IDIO PERIPH NEURPHY NOS	356.9	ROUTIN CHILD HEALTH EXAM	V20.2
CER ART OC,UNSP W CERINF	434.91	IMPAIRED FASTING GLUCOSE	790.21	ROUTINE GYN EXAM	V72.31
CHEST PAIN NOS	786.5	IRON DEFIC ANEMIA NOS	280.9	ROUTINE MEDICAL EXAM	V70.0
CHR AIRWAY OBSTRUCT NEC	496	IRREGULAR MENSTRUATION	626.4	SCREEN FOR CONDITION NOS	V82.9
Chr Kidney Ds, Stage III	585.3	JOINT PAIN-UNSPEC	719.4	SCREEN FOR VENERAL DIS	V74.5
CHR LYMPHOCYT THYROIDIT	245.2	LABORATORY EXAMINATION	V72.6	SCREEN LIPOID DISORDERS	V77.91
CHRONIC KIDNEY DIS NOS	585.9	LG TRM(CUR)USE ANTICOAGS	V58.61	SCREEN MAL NEOP-CERVIX	V76.2
CONGESTIVE HEART FAILURE	428	LG TRM(CUR)USE OTHER MEDS	V58.69	SCREEN-IRON DEFIC ANEMIA	V78.0
COR ATHEROSCL,COR VES	414.01	LOCAL SKIN INFECTION NOS	686.9	SCREEN-THYROID DISORDER	V77.0
COR ATHSCL UNS VS,NAT/GFT	414	LOSS OF WEIGHT	783.21	SENILE OSTEOPOROSIS	733.01
COUGH	786.2	MAL NEO BREAST UP-OUTER	174.4	SHORTNESS OF BREATH	786.05
DEFICIENCY ANEMIA NOS	281.9	MAL NEO BRONCH/LUNG NOS	162.9	SIDEROBLASTIC ANEMIA	285
DERMATOPHYTOSIS OF NAIL	110.1	MALIG NEO BLADDER NOS	188.9	SPC SCRNM MAL NEO PROSTATE	V76.44
DIARRHEA	787.91	MALIG NEO BRAIN NOS	191.9	SPEC SCREEN OTH UNSP COND	V82.89
DISACCHARIDASE DEF/MALAB	271.3	MALIG NEO CORPUS UTERI	182	SULPH AMINO-ACID MET DIS	270.4
DISORDER OF THYROID NOS	246.9	MALIGN NEOPL BREAST NOS	174.9	SYNCOPE AND COLLAPSE	780.2
DIZZINESS AND GIDDINESS	780.4	MALIGN NEOPL OVARY	183	TESTICULAR HYPOFUNC NEC	257.2
DM W NEURO,T2/UNSP,CONTL	250.6	MALIGN NEOPL PROSTATE	185	THREAT LABOR NEC-UNSPEC	644.1
DM W RENAL,T2/UNSP,CONTRL	250.4	MALIGN NEOPL THYROID	193	THYROTOX NOS NO CRISIS	242.9
DM,WO CC,T2/UNSP CONTROLL	250	MALIGNANT NEO COLON NOS	153.9	UNC BEHAV NEO SKIN	238.2
DM,WO COMP,T1/UNSP,CONTRD	250.01	MITRAL VALVE DISORDER	424	UNSPEC ENCEPH/MYELITIS	323.9
DM,WO COMP,T2/UNSP,UNCONT	250.02	MIXED HYPERLIPIDEMIA	272.2	UNSPEC VIRAL INFECTIONS	79.99
DYSMETABOLIC SYNDROME X	277.7	MONONEURITIS NOS	355.9	URIN TRACT INFECTION NOS	599
DYSURIA	788.1	MULTIPLE MYELOMA WO REMIS	203	URINARY FREQUENCY	788.41
EDEMA	782.3	MYALGIA AND MYOSITIS NOS	729.1	URINARY OBSTRUCTION NOS	599.6
ELEV BL PRES W/O HYPERTN	796.2	NEUTROPENIA, UNSPECIFIED	288	VAGINITIS NOS	616.1
ELEV TRANSAMINASE/LDH	790.4	NOCTURIA	788.43	VENEREAL DIS CONTACT	V01.6
ELEVATED PSA	790.93	NONINF GASTROENTERIT NEC	558.9	VENOUS EMB & THROMB,UNSP	453.4
ENC THERAP DRUG MONITOR	V58.83	NONSPECIF SKIN ERUPT NEC	782.1	VENOUS THROMBOSIS NEC	453.8
ENCEPHALITIS NOS	323.9	NONTOX MULTINODUL GOITER	241.1	VENOUS THROMBOSIS NOS	453.9