

Ordering Physician: Please Print \_\_\_\_\_ Signature: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**Patient Information Required for Testing**

First Name	Last Name	MI	DOB	Male	Female	Patient Phone
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**Indicate Medical Necessity by recording Diagnosis Code that applies next to each ordered test**

ICD#	1.	2.	3.	4.	5.
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Check one: Bill to office account \_\_\_\_\_ Bill to Patient/Insurance \_\_\_\_\_

**Must complete ALL information below or attach insurance sheet or copy of front and back of card**

Relationship of patient to policy holder: (circle one) Self Spouse Child Other	Primary Ins. Name:	Secondary Ins. Name:
Responsible Party:	Address:	Address:
Name:	City,St,Zip	City,St,Zip
Address:	Policy #	Policy #
City,St, Zip:	Group #	Group #
SSN of Guarantor:	Group Name	Group Name

**TEST(S) REQUEST: \*Complete ABN for Medicare Limited Frequency Tests or Medical Necessity**

<p><b>MICROBIOLOGY</b> Diagnosis: _____</p> <input type="checkbox"/> C difficile Toxin(s) (87324) <input type="checkbox"/> Genital Culture (87070) <input type="checkbox"/> Group B Strep, Culture (Vaginal) (87081) <input type="checkbox"/> Ova & Parasites (87177) <input type="checkbox"/> Occult Blood, stool (82272) <input type="checkbox"/> Fecal Occult Blood Screen-(82270)-G0328 <input type="checkbox"/> Rapid Strep Group A, Throat (87430) <input type="checkbox"/> Stool Culture (87045) <input type="checkbox"/> Throat Culture (87081) <input type="checkbox"/> * Urine Culture (87086) Collection Method: _____ <input type="checkbox"/> Wound Culture (87070): Source: _____ <input type="checkbox"/> Sputum Culture (87070) <input type="checkbox"/> Other: _____ <p><b>URINE TESTING</b> Diagnosis: _____</p> <input type="checkbox"/> Urinalysis w/ Reflex Culture <input type="checkbox"/> Urinalysis (81003) <input type="checkbox"/> Creatinine Clearance, 24 hr (82575) Height: _____ Weight: _____ <input type="checkbox"/> Microalbumin, Random (82043) <input type="checkbox"/> Total Protein, 24 hr (84156) <input type="checkbox"/> Other: _____ <p><b>*THYROID TESTING</b> Diagnosis: _____</p> <input type="checkbox"/> *TSH w/reflex to Free 4 (84443) <input type="checkbox"/> *TSH (84443) <input type="checkbox"/> *Total T3 (84480) <input type="checkbox"/> *Free T3 (84481) <input type="checkbox"/> *Free T4 (84439) <p><b>ADDITIONAL TESTS</b> Diagnosis: _____</p> <input type="checkbox"/> _____ <input type="checkbox"/> _____	<p><b>BLOOD TEST</b> Diagnosis 1: _____ Diagnosis 2: _____ Diagnosis 3: _____</p> <input type="checkbox"/> ABO/Rh (86900 & 86901) <input type="checkbox"/> Antibody Screen (Blood Type) (86850) <input type="checkbox"/> Albumin (82040) <input type="checkbox"/> ALK Phos (84075) <input type="checkbox"/> ALT (SGPT) (84460) <input type="checkbox"/> Amylase (82150) <input type="checkbox"/> ANA (86038) <input type="checkbox"/> AST (SGOT) (84450) <input type="checkbox"/> Bilirubin Total (82247) <input type="checkbox"/> Bilirubin Direct (82248) <input type="checkbox"/> * BNP (83880) <input type="checkbox"/> BUN (84520) <input type="checkbox"/> Calcium (82310) <input type="checkbox"/> CBC w/diff (85025) <input type="checkbox"/> * CBC no diff (Hemogram) (85027) <input type="checkbox"/> * CEA (82378) <input type="checkbox"/> Chloride (82435) <input type="checkbox"/> * Cholesterol (82465) <input type="checkbox"/> * CK (CPK) (82550) <input type="checkbox"/> Creatinine (82565) <input type="checkbox"/> CRP, Inflammation (86140) <input type="checkbox"/> * CRP, Cardiac (86141) <input type="checkbox"/> * Digoxin (80162) <input type="checkbox"/> Dilantin (80185) <input type="checkbox"/> * Ferritin (82728) <input type="checkbox"/> FSH (83001) <input type="checkbox"/> * Glucose (82947): Fasting _____ Non Fasting _____ <input type="checkbox"/> * Glycohemoglobin (HgA1C) (83036) <input type="checkbox"/> HCG, Qual Serum (84703) <input type="checkbox"/> HCG, Quant Serum (84702) <input type="checkbox"/> HCG, Quant Tumor Marker <input type="checkbox"/> Hepatitis B surface antigen <input type="checkbox"/> * HIV (86703) <input type="checkbox"/> * Iron (83540) <input type="checkbox"/> * Iron & TIBC (83550 & 83540) (includes % Saturation) <input type="checkbox"/> LDH (83615) <input type="checkbox"/> Lead, Whole Blood (83655) <input type="checkbox"/> Lipase (83690) <input type="checkbox"/> Lithium (80178) <input type="checkbox"/> * Magnesium (83735) <input type="checkbox"/> Mono Test (86308) <input type="checkbox"/> Phenobarbital (80184) <input type="checkbox"/> Phosphorus (84100) <input type="checkbox"/> Potassium (84132) <input type="checkbox"/> Progesterone (84144) <input type="checkbox"/> Prolactin (84146) <input type="checkbox"/> Protein, Serum (84155) <input type="checkbox"/> PSA Diagnostic (84153): _____ <input type="checkbox"/> PSA Medicare Screen-G0103 (V7644) <input type="checkbox"/> PSA Screen (V7644) (84153) <input type="checkbox"/> * PT (Protime) (85610) Anticoag: _____ <input type="checkbox"/> * PTT (Partial Thromboplastin) (85730) <input type="checkbox"/> Reticulocyte Count (85045) <input type="checkbox"/> RF (86430) <input type="checkbox"/> Rubella Antibody (86762) <input type="checkbox"/> * Sed Rate (ESR) (85651) <input type="checkbox"/> Sodium (84295) <input type="checkbox"/> Tegretol (80156) <input type="checkbox"/> Theophylline (80198) <input type="checkbox"/> * Triglyceride (84478) <input type="checkbox"/> Uric Acid (84550) <input type="checkbox"/> Valproic Acid (80164) <p><b>CHEMISTRY PROFILE</b> Diagnosis: _____</p> <input type="checkbox"/> Electrolyte Panel (80051): (Na, K, C1, CO2) <input type="checkbox"/> Basic Metabolic Panel (80048): (Na, K, C1, CO2, BUN, Cre, Glu, Ca) <input type="checkbox"/> Comprehensive Metabolic Panel (80053): (Na, K, C1, CO2, BUN, Cre, Glu, Ca, Alb, Tbil, Alk Phos, Protein, AST, ALT) <input type="checkbox"/> Liver (Hepatic) Panel (80076): (Alb, Total Bil, Dir Bil, Alk Phos, AST, Alt, Prot) <input type="checkbox"/> * Lipid Panel (80061): (Chol, Trig, HDL) <input type="checkbox"/> Renal (Kidney) Functional Panel (80069): (Na, K, C1, CO2, BUN, Cre, Glu, Phos, Alb, Ca) <input type="checkbox"/> * Hepatitis Panel, Acute (80074): (Hep A, Ab, IgM, Hep C Ab, Hep B Surf Ag, Hep B Core IGM)
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