PATIENT INFORMATION

Name: _____

DOB: _____ MRN: _____

Address: _____

_____

GUNDERSEN HEALTH SYSTEM®

OUT OF NETWORK ORDER FORM

Order Date: _____ Diagnosis: _____

Facility Name: _____ Critical Call #: _____

Address: _____

Print Provider Name: _____ NPI #: _____

Provider Signature: _____ Phone #: _____ Fax #: _____

** MUST ORDER INDIVIDUAL TESTS, PANELS ARE NOT AVAILABLE*

Chemistry

- ☐ Albumin (ALB)
- ☐ Alk Phosphatase (ALKP)
- ☐ ALT (ALT)
- ☐ Amylase (AMY)
- ☐ AST (AST)
- ☐ A1C (A1C)
- ☐ Total Bilirubin (BILIT)
- ☐ BUN (BUN)
- ☐ Calcium (CA)
- ☐ Chloride (CL)
- ☐ C02 (C02)
- ☐ Creatinine (CREAT)
- ☐ Electrolytes (LYTES)
- ☐ GGT (GGT)
- ☐ Glucose (GLU)
- ☐ HCG, Quantitative (BHCG)
- ☐ HLA Class 1 & 2 Ab
- ☐ Iron/Iron Binding (IRON)
- ☐ LDH (LDH)
- ☐ Lipase (LIPAS)
- ☐ Lipid Panel (LPA)
- ☐ Magnesium (MG)
- ☐ Methadone (METAD)
- ☐ Phosphorus (PHOS)
- ☐ Potassium (K)
- ☐ Sirolimus (SIROL)
- ☐ Sodium (NA)
- ☐ Tacrolimus (TACRO)
- ☐ Testosterone (TESTO)
- ☐ Total Protein (TP)
- ☐ TSH (TSH)
- ☐ Vitamin D (VITAD)

Hematology/Coag

- ☐ CBC (CBC)
- ☐ Hemogram (HEMG)
- ☐ Hemoglobin (HGB)
- ☐ HCT (HCT)
- ☐ WBC (WBC)
- ☐ Platelet Count (PLT)
- ☐ Sed Rate (ESR)
- ☐ PT-INR (PT)

Microbiology

- ☐ C. Difficile Toxin (PCR)
- ☐ Stool Culture (STLC)
- ☐ Urine Culture (URC)

Source: _____

Urinalysis

- ☐ UA Routine (UA)

Other

_____

_____

_____

Frequency: _____

Special Instructions

If multiple tests ordered with different instructions list DETAILS below by test:

_____

_____

** This order is good for ONE YEAR ONLY from the date of order.

For faxing or other information call the GHS location of the patient's choice 608-782-7300 or 800-362-5967.