Southwest General
Partnering with University Hospitals

18697 Bagley Road • Middleburg Heights, Ohio • 44130

Outpatient Lab Services
Lab & Radiology Requisition

Patient Name:_____ DOB: _____
DIAGNOSIS / ICD 10 Code:

PHYSICIAN NAME, ADDRESS, PHONE #, FAX #

COPY TO: _____

FAX RESULTS TO: _____ **CALL RESULTS TO:** _____

Physician's Signature _____ **Date** _____ ☐ **Routine** ☐ **STAT** ☐ **Research Pt (Z00.6)**

Drawing Stations Available: For Hours of Operation Call: 440-816-8814

OUTPATIENT CENTER BLDG. B
LAB AND IMAGING
18697 Bagley Road
Phone 440 816-8808 Fax 440 816-8809

STRONGSVILLE MEDICAL CENTER
LAB AND IMAGING
18181 Pearl Rd, #B 100
Phone 440 816-4976 Fax 440 816-4979
Orders/Registration fax to 440-816-4901

OLMSTED MEDICAL CENTER
LAB ONLY
27076 Bagley Road, Olmsted Twp., OH 44138
Phone 440 816-5410 Fax 440 816-5408

BRUNSWICK MEDICAL CENTER
LAB AND IMAGING
4065 Center Rd. #114
Phone 330 558-0360 Fax 330 558-0365
Orders/Registration fax to 330-558-0236

No Appointment | ***No Appointment*** | ***No Appointment*** | ***No Appointment***

☐ **Acute Hepatitis Panel 80074** Hep A (IgM) Antibody, Hep B Core Antibody Hep B Surface Ag, Hep C Antibody	☐ Amylase **82150**	☐ FSH **83001**	☐ Theophylline **80198**
☐ **Basic Metabolic Panel 80048** Sodium, Potassium, Chloride, CO_2 BUN, Glucose, Creatinine, Calcium	☐ B12 / Folate **82607 / 82746**	☐ GGT **82977**	☐ Total Protein **84155**
	☐ Bilirubin, Direct **82248**	☐ Glucose **82947**	☐ Triglycerides **84478**
	☐ Bilirubin, Total **82247**	☐ HCG Qualitative (Pos/Neg) **84703**	☐ Thyroid Group (FT4 & TSH)**84439/43**
	☐ BUN (Urea Nitrogen) **84520**	☐ HCG Quantitative (MIU/ml) **84702**	☐ Uric Acid **84550**
☐ **Comprehensive Panel 80053** Sodium, Potassium, Chloride, CO_2 BUN, Glucose, Creatinine, SGOT Albumin, Protein - Total; SGPT Bilirubin - Total, Calcium Alkaline Phosphatase	☐ CA 19.9 **86301**	☐ *HEP B Antigen **87340**	☐ ***Urinalysis 81003/ 81001** Culture will be performed if indicated
	☐ CA 125 **86304**	☐ Hgb A1c **83036**	
	☐ *CBC **W/DIFF** (incl. platelet count) **85025**	☐ ***HIV 86703**	☐ *Urine Culture **87086**
	☐ *CBC **No/DIFF** (incl. platelet count) **85027**	☐ H & H **85014 / 85018**	☐ Urine Microalbumin **82043**
	☐ C Diff TOX **87493**	☐ i-PTH **83970**	☐ Incl Creatinine **82570**
	☐ CEA **82378**	☐ Iron Group (Iron / TIBC) **83540 / 50**	☐ Vitamin D 25 OH **82306**
	☐ CPK (CK) **82550**	☐ i-PTH **83970**	☐ *Rapid Strep Antigen Test **87880**
☐ **Electrolyte Panel 80051** Sodium, Potassium, Chloride, CO_2	☐ Calcium **82310**	☐ Lithium **80178**	☐ PAT Type & Cross **86900** **86901**
	☐ Carbamazepine (Tegretol) **80156**	☐ Magnesium **83735**	
☐ **Hepatic Function Panel 80076** Albumin, SGOT, SGPT, Bilirubin Total and Direct, Protein-Total Alkaline Phosphatase	☐ Carbon Dioxide **82374**	☐ Mono Screen **86308**	☐ Units Date
	☐ *Celiac Dis Reflex Cascade **82784**	☐ NMR Lipo Profile **83704**	☐ *Direct Antiglobulin Test (DAT) **86880**
	☐ *Celiac Dual Antigen Scr **83516**	☐ Neo Bili (Bili T) **82247**	☐ Indirect Coombs (Antibody Scrn) **86850**
	☐ Chloride **82435**	☐ Occult Blood **82272**	☐ RHo Immune Globulin Workup 86900/86901/86850 RHIG injection (96372 / J2792) Perform RHIG injection if indicated
☐ **Lipid Panel (12 Hr Fast) 80061** Chol, HDL, Trig Calculated LDL	☐ Cholesterol **82465**	☐ Occult Blood Screen **82270**	
	☐ COVID Total Antibody **86769**	☐ OVA & Parasite **87328 / 87329**	
☐ **OB Panel with HIV** ABORH, ABSC, Rubella screen, *RPR, CBCWD, Hep B Ag, *HIV	☐ Creatinine **82565**	☐ PSA **84153**	
	☐ * Culture AFB **87116** Source	☐ PSA SCR (Medicare) **G0103**	
		☐ Phenytoin **80185**	***Appointment Needed***
☐ **Renal Panel 80069** Sodium, Potassium, Chloride, CO_2 BUN, Glucose, Creatinine, Calcium Albumin, Phosphorus	☐ *Culture Bacteria **87070** Source	☐ Phosphorus **84100**	**Call Central Scheduling** **(440) 816-8605**
		☐ Potassium **84132**	
	☐ *Culture Fungus **87101** Source	☐ Progesterone **84144**	**Glucose Tolerance Test (GTT)**
		☐ Prothrombin Time, INR **85610**	☐ 2 Hr GTT (Diabetes Mellitus) **82951**
☐ ABG's (Blood Gas) **82803**	☐ *Culture Stool **87045**	☐ ***Rf (Rheumatoid Factor) 86431, 86430**	☐ 1 Hr.Gestational PC **82950**
☐ Carbon Monoxide Level **82375**	☐ Digoxin **80162**	☐ *RPR **86592**	☐ 3 Hr GTT (Gestational) **82951,82952**
☐ Resting EKG **93005**	☐ *F-Actin (smooth muscle) AB, IGG Reflex 83516	☐ Reticulocyte **85045**	☐ 3 Hr GTT (Non-Gestational)**82951,82952**
☐ ALT (SGPT) **84460**		☐ Rubella **86762**	☐ 5 Hr GTT (Hypoglycemia) **82951,82952x3**
☐ *ANA **86038**	☐ Ferritin **82728**	☐ Sed Rate **85652**	☐ 1 hr PC (Post Challenge) **82950**
☐ *Anti-DNA **86225**	☐ Fluid No Diff **89050**	☐ Sodium **84295**	☐ 2 hr PC (Post Challenge) **82950**
☐ AST (SGOT) **84450**	State Fluid Type:	☐ TSH **84443**	☐ 2 hr. PP (Post Prandial) **82950**
☐ APTT **85730**	☐ Fluid with Diff **89051**	☐ Testosterone **84403**	☐ COVID 19 by PCR **U0002**
☐ Albumin **82040**	State Fluid Type:		***By appointment only: 440-816-8605***
☐ Alkaline Phosphatase **84075**	☐ Free T3 **84481**		

Misc Test needed:

* The tests above reflex to additional testing when indicated, which creates an additional charge.
☐ If you do not want the automatic reflex, please check box and note in special instructions which test(s) should not reflex.

Special Instructions / Comments / Medications:
☐ **12 Hour Fasting Required**

☐ **Standing Order** Start Date _____ Expiration Date _____ 19824X 082824

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PHYSICIAN NAME, ADDRESS, PHONE #, FAX #

COPY TO: _____

FAX RESULTS TO: _____ **CALL RESULTS TO:** _____

Physician's Signature _____ **Date** _____ ☐ **Routine** ☐ **STAT** ☐ **Research Pt (Z00.6)**

X-RAY NO APPOINTMENT

	Abdomen Complete	**74020**		Cervical Spine with Obliques	**72050**		Forearm	**73090**	R L		TIB/FIB	**73590**	R L
	Abdomen I View (stones)	**74000**		Thoracic	**72072**		Wrist	**73110**	R L		Ankle	**73610**	R L
	Chest PA & LAT	**71020**		Lumbo – Sacral	**72100**		Hand	**73130**	R L		Foot	**73630**	R L
	RIBS (Unilat)	**71100**	R L	Sacrum/Coccyx	**72220**		Finger	**73140**	R L		Toe	**73660**	R L
	RIBS (Bilat)	**71110**		Scoliosis	**72090**		digits -				digits -		
	Skull	**70260**		Clavicle	**73000**	R L	Pelvis	**72170**					
	Sinus Series	**70220**		Shoulder	**73030**	R L	Hip	**73510**	R L		Other:		
	Facial Bones	**70150**		Humerus	**73060**	R L	Femur	**73550**	R L				
	Cervical Spine	**72040**		Elbow	**73080**	R L	Knee	**73564**	R L				

APPOINTMENT NEEDED
CT Scan (440) 816-8605

	Angio Abdominal Arteries	☐ IV		
	Angio Brain / Head	☐ IV		
	Angio Chest (PE)	☐ IV		
	Angio Neck	☐ IV		
	Abdomen	☐ IV	☐ Oral	☐ None
	Abdomen/Pelvis	☐ IV	☐ Oral	☐ None
	Biomet			
	Brain/Head	☐ IV		☐ None
	Calcium Score			
	Chest	☐ IV		☐ None
	Cystogram	☐ IV		
	Enterography	☐ IV	☐ Oral	
	Full Sinus			
	Lower Extremity (specify side)			
	Lung Ca Screening			
	Mastoids			
	Pelvis	☐ IV	☐ Oral	☐ None
	Soft Tissue Neck	☐ IV		
	Spine (specify /level)			
	Stryker (specify location)			
	TAVR (Angio Chest, Abdomen/Pelvis)			
	Upper Extremity (specify side)			
	Urography	☐ IV	☐ Oral	

Mammography – (440) 816-8605

I consent for my patient to participate in the Breast Health program ☐ Yes ☐ No
Surgeon for referral:_____
If screening is abnormal, proceed to diagnostic mammogram and breast ultrasound

	Screening Dx: (**Z12.31**)		
	Diagnostic	R	L
	Unilateral	R	L
	Spot / Mag Views	R	L

IR Main Radiology 440 816-8774

NOTE: Test must be reasonable and necessary to treat or diagnose patient for reimbursement from Medicare

APPOINTMENT NEEDED
Nuclear Medicine (440) 816-8605

	Biliary Hida CCK (Ejection Fraction)	
	Biliary Hida Routine	**78220**
	Bone Limited: Area_____	**78300**
	Bone 3 Phase:_____	**78315**
	Bone Routine (whole body)	**78306**
	Bone Scan Spect: Area_____	**78320**
	Cardiac Nuclear Stress Test	
	☐ Treadmill ☐ Lexiscan ☐ Dobutamine	
	Cisternography with Lumbar Puncture	
	Gastric Empty	**78264**
	Liver Spect with Flow (Hemangioma)	
	Liver/Spleen Scan	**78215**
	Lung Scan Quantitative	**78580/ 78587**
	Lung Scan Vent/Perf	
	Muga Scan (Cardiac Gate)	**78472**
	Octreotide Scan	
	Parathyroid Scan	
	DAT Scan – under cisternography	
	Renal Flow and Scan MAG 3	
	Renal Flow and Scan for GFR with DTPA	
	Renal Scan With Flow	**78707**
	☐ Lasix ☐ Captopril	
	Thyroid Total Body Scan I 131	
	Thyroid Uptake & Scan	**78007**
	Thyroid TX 131 Amount_____	**79000**
	White Blood Cell Study Area_____	**78805**
	☐ TC^{99m} Ceretec ☐ Indium	
	Other:	

Radiology (440) 816-8605

	DEXA (bone density)	**77080**
	DEXA IVA (instant vertebral assessment)	**77086**
	Esophagus (Diet)	**74230**
	Upper GI (Diet)	**74241**
	Small Bowel (Diet)	**74250**
	Barium Enema (Diet)	**74270**
	IVP (Diet)	**74400**
	Modified Barium Swallow	
	Other:	

APPOINTMENT NEEDED
Ultrasound - (440) 816-8605

	Abdominal Aorta	**76775**
	Biliary (Gb, Liver, Pancreas)	**76705**
	Breast	**76645**
	Gravid (Pregnant)	**76805**
	Kidneys	**76775**
	Pelvis (Non-Pregnant)	**76856**
	Spleen	**76705**
	Testes	**76870**
	Thyroid	**76536**
	Transvaginal	**76830**
	Doppler/Duplex-Specify Exam Site	
	Other:	

MRI - (440) 816-8605
OPEN MRI / Strongsville (440) 863-4250

	Breast	
	Brain ☐ without ☐ with / without	
	Attention:	
	MRA Circle of Willis	
	MRA Carotids	
	Spine ☐ without ☐ with / without	
	Cervical	
	Thoracic	
	Lumbar	
	Lower Extremity	
	Joint Non-joint	
	Upper Extremity	
	Joint Non-joint	
	Brachial Plexus	
	MRI Abdomen – attn:	
	MRI Pelvis – bony or soft tissue	
	MRI Sedation	
	MRI Other:	

IR Strongsville (440) 863-4250

	Interventional Pain Management