

18697 Bagley Road • Middleburg Heights, Ohio • 44130

Patient Name: _____ DOB: _____ DIAGNOSIS / ICD 10 Code: _____	PHYSICIAN NAME, ADDRESS, PHONE #, FAX # _____ COPY TO: _____ FAX RESULTS TO: _____ CALL RESULTS TO: _____
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Physician's Signature _____ **Date** _____ Routine STAT Research Pt (Z00.6)

Drawing Stations Available:			
For Hours of Operation Call: 440-816-8814	MIDDLEBURG MEDICAL CENTER LAB DRAW LAB ONLY 18780 Bagley Road, Suite 110, Middleburg Heights Phone: 440-816-2458 Fax: 440-816-2459	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	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
	OLMSTED MEDICAL CENTER LAB ONLY 27076 Bagley Road, Olmsted Twp., OH 44138 Phone 440 816-5410 Fax 440 816-5408	OUTPATIENT CENTER BLDG. B LAB AND IMAGING 18697 Bagley Road Phone 440 816-8808 Fax 440 816-8809	TIMESHARE DRAWING SUITE 302, BLDG. C - LAB ONLY 18697 Bagley Road Phone 440 816-6791 Fax 440 816-6755

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

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 0822

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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	APPOINTMENT NEEDED Nuclear Medicine (440) 816-8605	APPOINTMENT NEEDED Ultrasound - (440) 816-8605
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Angio Abdominal Arteries <input type="checkbox"/> IV	Biliary Hida CCK (Ejection Fraction)	Abdominal Aorta 76775
Angio Brain / Head <input type="checkbox"/> IV	Biliary Hida Routine 78220	Biliary (Gb, Liver, Pancreas) 76705
Angio Chest (PE) <input type="checkbox"/> IV	Bone Limited: Area _____ 78300	Breast 76645
Angio Neck <input type="checkbox"/> IV	Bone 3 Phase: _____ 78315	Gravid (Pregnant) 76805
Abdomen <input type="checkbox"/> IV <input type="checkbox"/> Oral <input type="checkbox"/> None	Bone Routine (whole body) 78306	Kidneys 76775
Abdomen/Pelvis <input type="checkbox"/> IV <input type="checkbox"/> Oral <input type="checkbox"/> None	Bone Scan Spect: Area _____ 78320	Pelvis (Non-Pregnant) 76856
Biomet	Cardiac Nuclear Stress Test	Spleen 76705
Brain/Head <input type="checkbox"/> IV <input type="checkbox"/> None	<input type="checkbox"/> Treadmill <input type="checkbox"/> Lexiscan <input type="checkbox"/> Dobutamine	Testes 76870
Calcium Score	Cisternography with Lumbar Puncture	Thyroid 76536
Chest <input type="checkbox"/> IV <input type="checkbox"/> None	Gastric Empty 78264	Transvaginal 76830
Cystogram <input type="checkbox"/> IV	Liver Spect with Flow (Hemangioma)	Doppler/Duplex-Specify Exam Site
Enterography <input type="checkbox"/> IV <input type="checkbox"/> Oral	Liver/Spleen Scan 78215	Other:
Full Sinus	Lung Scan Quantitative 78580/ 78587	
Lower Extremity (specify side)	Lung Scan Vent/Perf	
Lung Ca Screening	Muga Scan (Cardiac Gate) 78472	MRI - (440) 816-8605
Mastoids	Octreotide Scan	OPEN MRI / Strongsville (440) 863-4250
Pelvis <input type="checkbox"/> IV <input type="checkbox"/> Oral <input type="checkbox"/> None	Parathyroid Scan	Breast
Soft tissue Neck <input type="checkbox"/> IV	DAT Scan – under cisternography	Brain <input type="checkbox"/> without <input type="checkbox"/> with / without
Spine (specify /level)	Renal Flow and Scan MAG 3	Attention:
Stryker (specify location)	Renal Flow and Scan for GFR with DTPA	MRA Circle of Willis
TAVR (Angio Chest, Abdomen/Pelvis)	Renal Scan With Flow 78707	MRA Carotids
Upper Extremity (specify side)	<input type="checkbox"/> Lasix <input type="checkbox"/> Captopril	Spine <input type="checkbox"/> without <input type="checkbox"/> with / without
Urography <input type="checkbox"/> IV <input type="checkbox"/> Oral	Thyroid Total Body Scan I 131	Cervical
	Thyroid Uptake & Scan 78007	Thoracic
	Thyroid TX 131 Amount _____ 79000	Lumbar
	White Blood Cell Study Area _____ 78805	Lower Extremity
	<input type="checkbox"/> TC ^{99m} Ceretec <input type="checkbox"/> Indium	Joint Non-joint
	Other:	Upper Extremity
		Joint Non-joint
	Radiology (440) 816-8605	Brachial Plexus
Screening Dx: (Z12.31)	DEXA (bone density) 77080	MRI Abdomen – attn:
Diagnostic R L	DEXA IVA (instant vertebral assessment) 77086	
Unilateral R L	Esophagus (Diet) 74230	MRI Pelvis – bony or soft tissue
Spot / Mag Views R L	Upper GI (Diet) 74241	MRI Sedation
	Small Bowel (Diet) 74250	MRI Other:
IR Main Radiology 440 816-8774	Barium Enema (Diet) 74270	IR Strongsville (440) 863-4250
	IVP (Diet) 74400	Interventional Pain Management
	Modified Barium Swallow	
	Other:	

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