HealthCare		Endoscopy		PATIENT ID:	
		BAL Cell Count Order Form		Medical Record #	
Date/Time of Collection:		Accession #:			
Collector:		LCRA label by:		Date of Birth	
				M F	
R S		EMATOLOGY		REASON FOR EXAM	
	BALCC	BAL Cell Count - Differential Only			
BRENDO		BAL Cell Count - Includes BALCC & Total Nucleated Count			
Ordering Phy	rsician Signature:		ID #: Da	ate: Time:	
TO BE COMPLETED BY CLINIC CHECK-OUT STAFF IF REQUESTING PHYSICIAN IS A RESIDENT, ATTENDING PHYSICIAN INFORMATION IS REQUIRED					
	Requesting Physician	Atte	nding Physician	Pager #	Telephone #
Full Name				ICD-10-CM	CODES
Primary Insurance Secondary Insurance					
If patient is cove	red by Medicare AND a highlighted test is o	rdered:			
Has medical necessity check been completed for Medicare Part A? Y					
2) Has medical nece	essity check been completed for Medicare Part B?				
3) ABN: Required Discussed Signed					
(REQUIRED)					

10/12/2016