

###  Home Draw Request Form

**Fax 727-733-3973 (8am – 4pm Monday – Friday)** **Phone: 727-733-5036**

|  |  |  |  |
| --- | --- | --- | --- |
| Today’s Date:       | BC Client #      | Office Requesting :       | **\*\* FAX OR E-MAIL TO** **LAB2DOOR@BAYCARE.ORG** **AT LEAST TWO DAYS IN ADVANCE TO ALLOW FOR SCHEDULING \*\*** |
| Person Requesting & Phone:       | **Ordering Physician (first & last name):**       |
| PATIENT INFORMATION | AddressCity /Zip :  |
|  **Last**:       |  | Middle:   | Doctor’s Phone : (     )       |
| **First**:       | Birth date:       | Doctor’s Fax Number : (     )       |
| Social Security Number: | Home phone no.: | Other Phone: | Sex: | **Results to Physician?** |
|       | (     )       | (     )       | [ ]  M [ ]  F |  **[ ]  Call [ ]  Fax** |
| Patient Street address: | City: | State: | ZIP Code: |
|       |       |       |       |
| Single [ ]  Mar [ ]  Div [ ]  Wid [ ]  | Copy Results To:  |
| Special Instructions:       | [ ]  Fax Results to:       |
| **DIAGNOSIS CODE(S):**                         |       |
| INSURANCE INFORMATION |
| Subscriber’s name: | Insurance Name | Address: | Phone no.: |
|       |       |       | (     )       |
| Please indicate primary insurance | [ ]   | [ ]  Medicare | [ ]  Medicaid | [ ]  Self Pay | [ ]  Other |
| Group no.: | Policy no.: | Other Insurance :       |
|       |       |  **Document claim address/submit front/back copy of insurance card** |
| **TEST INFORMATION** |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Routine | [ ]  STAT [ ]  Collect [ ]  Report | [ ]  Timed Collection Time:       | [ ]  **Standing Order** | Start Date:       |
| REQUESTED DRAW DATE:       | **Frequency**:       | End Date:       |
|  [ ]  CBC w/diff | [ ]  CBC w/PLT No Diff | [ ]  H & H  | [ ]  Magnesium | [ ]  Phosphorus | [ ]  CK Total (Daptomycin monitoring) |

 |
| [ ]  Basic Metabolic Panel *(NA, K, CL, CO2, BUN, Creat,CA)* | [ ]  Comp Metabolic Panel *(NA,K CL CO2 BUN, Creat, CA, TP, Alb, AST, Alk Phos, T Bili ALT)* |
| [ ]  Vancomycin [ ]  Trough [ ]  Random | [ ]  Tobramycin [ ]  Trough [ ]  Random |
| [ ]  Amikacin [ ]  Trough [ ]  Random | [ ]  Gentamicin [ ]  Trough [ ]  Random |
| [ ]  PT / INR[ ]  Patient on anticoagulant therapy | [ ]  Other (separate tests with Comma)       |
| Other Continued :       |
| Additional Information:       | *\*Note: Tests ordered within panels may also be ordered Individually* |
| ***For Lab Use Only*:** Soarian Entered by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Definition of “homebound” status |
| Synonymous with confined to the home, as for medical reasons. “204.1 – An individual does not have to be bedridden to be considered as confined to home. However, the conditions of these patients should be such that there exists a normal inability to leave the home, and consequently, leaving their home requires a considerable and taxing effort… It is expected in most instances, absences from the home that occur will be for the purpose of receiving medical treatment.” CMS: HHA Manual – Pub. 11, Revision 227 [ ]   **I hereby confirm that this patient meets CMS Homebound criteria.** |
|  |       |  |       |  |
|  | Provider’s Signature (REQUIRED) |  | Date |  |