

ORDERING PHYSICIAN

PATIENT INFORMATION

Last Name		First	MI	DOB	Sex
SS#		Guardian Name if patient is under 18 years old.		Phone#	
Address			Apt#	City, St, Zip	

BILLING INFORMATION

BILL TO: <input type="checkbox"/> My Account <input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare	Insurance Carrier	Member ID#	Group ID#	
	Insurance Address		Subscriber's Name	Relationship to Patient
	Medicare #	Please Circle Medicaid Plan: Meridian Illini Care Blue Cross Medicaid		A copy of the patient's Insurance Card(s) are required if Insurance is to be billed.
		Policy #		

SPECIMEN INFORMATION

<input type="checkbox"/> Routine	<input type="checkbox"/> Stat	Collect Date/Time:	Collector:
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Diagnosis / ICD 10 Code(s): 	
	_____ PHYSICIAN'S SIGNATURE
	_____ Date

When ordering tests for Medicare/Medicaid patient's, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are allowed for certain conditions at specific intervals. Bold tests require medical necessity. Provide signed ABN when necessary.

PROFILES	INDIVIDUAL TESTS	MICROBIOLOGY	
<input type="checkbox"/> Acute Hepatitis Panel 2-SS <input type="checkbox"/> BMP SS <input type="checkbox"/> Coronary Risk Profile SS L <input type="checkbox"/> CMP SS <input type="checkbox"/> General Health Panel SS L <input type="checkbox"/> Hepatic (Liver) Panel SS <input type="checkbox"/> Lipid Panel SS <input type="checkbox"/> Renal Function Panel SS	<input type="checkbox"/> AFP Tumor Marker SS <input type="checkbox"/> Albumin SS <input type="checkbox"/> ALT (SGPT) SS <input type="checkbox"/> Amylase SS <input type="checkbox"/> ANA w/Reflex SS <input type="checkbox"/> AST (SGOT) SS <input type="checkbox"/> NT Pro BNP SS <input type="checkbox"/> Beta HCG Quant SS <input type="checkbox"/> Beta HCG Qual. U / SS <input type="checkbox"/> BUN SS <input type="checkbox"/> CRP SS <input type="checkbox"/> CRP High Sensitivity SS <input type="checkbox"/> Calcium SS <input type="checkbox"/> CBC without diff L <input type="checkbox"/> CBC w/auto diff w/reflex L <input type="checkbox"/> Cholesterol SS <input type="checkbox"/> Creatinine SS <input type="checkbox"/> Digoxin SS <input type="checkbox"/> Drug Screen Medical U <input type="checkbox"/> Ferritin SS <input type="checkbox"/> Folic Acid SS <input type="checkbox"/> Gentamicin SS <input type="checkbox"/> Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random <input type="checkbox"/> Glucose SS <input type="checkbox"/> HGB A1C L <input type="checkbox"/> HIV 1/2 Ag/Ab Combo 2-LL <input type="checkbox"/> Iron SS <input type="checkbox"/> Iron & TIBC SS <input type="checkbox"/> Lipase SS	<input type="checkbox"/> Lithium SS <input type="checkbox"/> Magnesium SS <input type="checkbox"/> Microalbumin U <input type="checkbox"/> Monospot L <input type="checkbox"/> Phenytoin (Dilantin) SS <input type="checkbox"/> Phosphorus SS <input type="checkbox"/> Potassium SS <input type="checkbox"/> Progesterone SS <input type="checkbox"/> Prolactin SS <input type="checkbox"/> PSA Diagnostic SS <input type="checkbox"/> PSA Screening SS <input type="checkbox"/> PT (INR) B <input type="checkbox"/> PTT B <input type="checkbox"/> Retic Count L <input type="checkbox"/> Rheumatoid Factor SS <input type="checkbox"/> RPR-Reflex titer SS <input type="checkbox"/> Rubella SS <input type="checkbox"/> Sed Rate (ESR) L <input type="checkbox"/> Total Protein SS <input type="checkbox"/> TSH SS <input type="checkbox"/> T4 Free SS <input type="checkbox"/> Transferrin SS <input type="checkbox"/> Triglycerides SS <input type="checkbox"/> Uric Acid SS <input type="checkbox"/> UA w/microscopic if ind U <input type="checkbox"/> Valproic Acid SS <input type="checkbox"/> Vancomycin SS <input type="checkbox"/> Peak <input type="checkbox"/> Trough <input type="checkbox"/> Random <input type="checkbox"/> Vitamin B12 SS <input type="checkbox"/> Vitamin D 25 Hydroxy SS	<input type="checkbox"/> AFB Culture Source _____ <input type="checkbox"/> C Fung _____ <input type="checkbox"/> Beta Strep Culture <input type="checkbox"/> Blood Culture <input type="checkbox"/> C-Diff <input type="checkbox"/> Culture Other & Gram Stain Body Site _____ Specimen Type: _____ <input type="checkbox"/> Fecal WBC <input type="checkbox"/> GC-CHL DNA Probe Source _____ <input type="checkbox"/> Group B Strep (Vaginal) <input type="checkbox"/> MRSA Culture Source _____ <input type="checkbox"/> Occult Blood Fecal <input type="checkbox"/> Ova & Parasites <input type="checkbox"/> Stool Culture Panel <input type="checkbox"/> Throat Culture <input type="checkbox"/> Urine Culture <input type="checkbox"/> MSCC <input type="checkbox"/> Cath Spec <input type="checkbox"/> Wet Prep <input type="checkbox"/> Vaginitis Panel/PCR

Tests not Listed



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Tests not Listed



General Health Panel

CBC
CMP
TSH

Iron Profile

Iron/TIBC
Ferritin
Transferin

Basic Metabolic Panel

Calcium
Carbon Dioxide
Creatinine
Chloride
Glucose
Potassium
Sodium
Urea Nitrogen (BUN)

Renal Function Panel

Albumin
Calcium
Carbon Dioxide
Chloride
Creatinine
Glucose
Phosphorus
Potassium
Sodium
Urea Nitrogen (BUN)

Lipid Profile

Cholesterol
Triglycerides
HDL Cholesterol
LDL Cholesterol

Liver (Hepatic) Profile

Albumin
Bilirubin Total
Bilirubin Direct
Phosphatase, Alkaline
Protein Total
AST (SGOT)
ALT (SGPT)

Comprehensive Metabolic Panel (CMP)

Albumin
Total Bilirubin
Calcium
Carbon Dioxide
Chloride
Creatinine
Glucose
Alkaline Phosphatase
Potassium
Total Protein
Urea Nitrogen (BUN)
Sodium
ALT (SGPT)
AST (SGOT)

Hepatitis Acute Panel

Hepatitis B Surface Antigen
Hepatitis B Core Antibody
(IgM)
Hepatitis A Antibody (IgM)
Hepatitis C Antibody