

☐ **Bill Patient**

☐ **MEDICARE**

☐ **Medicaid**

Testing Scheduling 739-8999 FAX Testing orders: 307-459-5164
Vaccine Scheduling 739-6195 FAX Vaccine orders: 307-739-7229

Patient Name: _____

DOB: _____ **M / F**

Patient Phone Number(s): _____

Date Ordered: _____

For Service Date: _____

Ordering Physician (print): _____

Physician Signature (required): _____

MEDICARE/INSURANCE POLICY #: _____

(You can also fax a demographic/face sheet)

COVID TESTS	ICD-10 /WRITTEN DIAGNOSIS
<input type="checkbox"/> COVID-19 by Abbott ID Now POC	<input type="checkbox"/> Z20.828 Exposure to Virus
<input type="checkbox"/> SARS-CoV-2 by NAA SJH	<input type="checkbox"/> R50.9 Fever, Unspecified
<input type="checkbox"/> Other: _____	<input type="checkbox"/> R05 Cough
<input type="checkbox"/> COVID-19 Vaccine, administered at SJH	<input type="checkbox"/> R06.02 Shortness of Breath
<input type="checkbox"/> Antibody Blood Test: SARS-CoV-2 IgG, Qualitative (COVID-19) by CIA	<input type="checkbox"/> R68.83 Chills
CARES Act Required Questions	
1. Employed in healthcare? YES NO UNKNOWN	<input type="checkbox"/> R52 Muscle Pain
2. Symptomatic as defined by CDC? YES NO UNKNOWN	<input type="checkbox"/> R51 Headache
2a. Date of Symptom Onset DATE: _____	<input type="checkbox"/> J02.9 Sore Throat
3. Hospitalized due to COVID-19? YES NO UNKNOWN	<input type="checkbox"/> R43.9 Loss of Smell or Taste
4. In ICU? YES NO UNKNOWN	<input type="checkbox"/> R43.8 Loss of Smell AND Taste
5. Group Care Resident? YES NO UNKNOWN	<input type="checkbox"/> U07.1 COVID-19
6. Pregnant? YES NO UNKNOWN	<input type="checkbox"/> Z11.59 Screening
<u>OTHER (Include Code & Diagnosis):</u>	
Additional Required Questions	
Recent Travel? (Y/N/U) YES NO UNKNOWN	
Travel Location: _____	
Employer: _____	

OTHER TESTS/COMMENTS: Consult online Test Directories and enter Test Number, Test Name or Test Code to ensure accuracy of order.
For Online menu, specimen requirement, and interpretation see <https://www.testmenu.com/sjmclab>. If order not found refer to <http://www.aruplab.com/>