

DATE OF SERVICE	TIME	FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	ACCOUNT:
LAST NAME		FIRST NAME		
ADDRESS: STREET		CITY/STATE	ZIP	
AGE	SEX	DATE OF BIRTH	COLLECTED BY	REFERRING PHYSICIAN
				NPI

BILLING INFORMATION MUST BE COMPLETED

BILL TO: <input type="checkbox"/> AGENCY <input type="checkbox"/> MEDICARE <input type="checkbox"/> PRIVATE INSURANCE <input type="checkbox"/> MEDICAID <input type="checkbox"/> PRIVATE PAY <input type="checkbox"/> OTHER	PRIVATE INSURANCE INFORMATION: (Please send copy of card front and back)	S.S. No.
<input type="checkbox"/> ID #		ICD 9/DIAGNOSIS
<input type="checkbox"/> GROUP #		

PROFILES

<input type="checkbox"/> GENERAL HEALTH PROFILE: T, L, U <small>CMP, CBC W/ DIFF, SED RATE, HEPATIC, URIC ACID, THYROID PANEL, LIPID PANEL, FERRITIN, IRON, TIBC, MAGNESIUM, HEPATITIS, URINALYSIS, VITAMIN D, HGBA1C</small>	<input type="checkbox"/> ANEMIA PROFILE: T, L, U <small>CMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH, CHOLESTEROL FERRITIN, IRON, TIBC, URINALYSIS, VIT B12, FOLIC ACID, VIT D 25</small>	<input type="checkbox"/> ARTHRITIS PROFILE: T, L, U <small>CMP, CBC W/ DIFF, URIC ACID, LIPID PANEL, SED RATE RA, ASO SCREEN, CRP, ANA SCREEN, TSH, URINALYSIS, CPK</small>
<input type="checkbox"/> HEPATITIS (DIAGNOSTIC PANEL): T <small>HBS ANTIBODY, HBS AG (SURFACE ANTIGEN), ANTI-HBC (HEPATITIS B CORE ANTIBODY), HAV ANTIBODY (HEPATITIS A ANTIBODY), HCV (HEPATITIS C ANTIBODY)</small>	<input type="checkbox"/> OBESITY PROFILE: T, L, U <small>CMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH, CORTISOL, LIPID PROFILE, URINALYSIS, HGBA1C, VIT D25</small>	<input type="checkbox"/> DIABETES PROFILE: T, L, U <small>CMP, CBC W/ DIFF, LIPID PANEL, HGBA1C SED RATE, T3U, TOTAL T4, TSH, CORTISOL, URINALYSIS</small>
<input type="checkbox"/> ABDOMINAL DISEASE PROFILE: T, L, U <small>CMP, CBC W/ DIFF, SED RATE, H-PYLORI, TSH, AMYLASE, LIPASE, HEPATITIS PANEL, MAGNESIUM, SGOT, SGPT, GGT, LIPID PANEL, URINALYSIS</small>	<input type="checkbox"/> LIVER/ALCOHOLISM PROFILE: T, L, U, B <small>CMP, CBC W/ DIFF, SED RATE, PTT, AMYLASE, LIPASE, IRON, TIBC, T3U, TOTAL T4, TSH, FERRITIN, HEP PANEL, SGOT, SGPT, GGT, LDH, TOTAL PROTEIN, TOTAL BILIRUBIN, LIPID PANEL, URINALYSIS</small>	<input type="checkbox"/> AMENORRHEA PROFILE, MENSTRUAL DISORDER: T, L, U <small>BMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH, HCG, LIPID PANEL, MAGNESIUM, PROLACTIN, FSH, LH, IRON, TIBC, FERRITIN, URINALYSIS</small>
<input type="checkbox"/> CARDIAC/HYPERTENSION PROFILE: T, L, U <small>CMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH, MAGNESIUM, SGOT, SGPT, GGT, LIPID PANEL, URINALYSIS, IRON, TIBC, CRP, CPK, URIC ACID, CORTISOL, FERRITIN</small>	<input type="checkbox"/> KIDNEY/UTI: T, L, U, B <small>CMP, CBC W/ DIFF, T3U, TOTAL T4, TSH, FERRITIN, MAGNESIUM, PTH, VIT D25 LIPID PANEL, URINALYSIS, C/S, SED RATE, CRP, CORTISOL, PHOSPHOROUS</small>	<input type="checkbox"/> PRE-NATAL PROFILE: T, L, U, GP <small>CMP, CBC W/ DIFF, HCG, QUANT, LIPID, BLOOD GROUP, BLOOD TYPE, T3U, TOTAL T4, TSH, RUBELA SCREEN RPR, HIV, CHLAMYDIA & GC, HEP PANEL, FERRITIN, IRON, TIBC, ALBUMIN, U/A</small>

Remarks:

PANELS	INDIVIDUAL TESTS (ALPHABETICAL)	MICROBIOLOGY	
<input type="checkbox"/> BASIC METABOLIC PANEL T <small>(CO2, Chlo, Crea, Glucose, K, Sodium, BUN/Crea, Cal)</small>	<input type="checkbox"/> ALK PHOSPHATASE T <input type="checkbox"/> AMYLASE T <input type="checkbox"/> ALBUMIN T <input type="checkbox"/> ANA T <input type="checkbox"/> ALT (SGPT) T <input type="checkbox"/> AST (SGOT) T <input type="checkbox"/> BUN T <input type="checkbox"/> BNP L <input type="checkbox"/> BILIRUBIN T <input type="checkbox"/> B12 & FOLATE T <input type="checkbox"/> CALCIUM T <input type="checkbox"/> CARBAMAZEPINE/TEGRETOL R <input type="checkbox"/> CEA T <input type="checkbox"/> CHOLESTEROL, TOTAL T <input type="checkbox"/> CPK, TOTAL T <input type="checkbox"/> CPK T <input type="checkbox"/> CREATININE T <input type="checkbox"/> CRP CARDIAC SENSITIVE T <input type="checkbox"/> DIGOXIN R <input type="checkbox"/> ESTRADIOL T <input type="checkbox"/> FERRITIN T <input type="checkbox"/> FSH & LH T <input type="checkbox"/> GGTP T <input type="checkbox"/> GLUCOSE G <input type="checkbox"/> HGB A1C L <input type="checkbox"/> GENTAMICIN T <input type="checkbox"/> HCG, SERUM T <input type="checkbox"/> HEPATITIS A, IG, M T <input type="checkbox"/> HEPATITIS BS AB T	<input type="checkbox"/> HEPATITIS BS AG T <input type="checkbox"/> HEPATITIS C AB T <input type="checkbox"/> HIV 1 / HIV 2 T <input type="checkbox"/> H PYLORI IG AB T <input type="checkbox"/> IRON T <input type="checkbox"/> IRON BINDING CAPACITY (TIBC) T <input type="checkbox"/> LIPASE T <input type="checkbox"/> LITHIUM T <input type="checkbox"/> MICROALBUMIN U <input type="checkbox"/> MAGNESIUM T <input type="checkbox"/> PHENTHOIN (DILANTIN) R <input type="checkbox"/> POTASIUM T <input type="checkbox"/> PROTEIN, TOTAL T <input type="checkbox"/> PSA T <input type="checkbox"/> PROLACTIN T <input type="checkbox"/> PROGESTERONE T <input type="checkbox"/> RHEUMATOID FACTOR T <input type="checkbox"/> RPR T <input type="checkbox"/> RUBELLA IGG AB T <input type="checkbox"/> SODIUM S <input type="checkbox"/> TESTOSTERONE T <input type="checkbox"/> TOTAL T4 T <input type="checkbox"/> TSH T <input type="checkbox"/> T3 T <input type="checkbox"/> TRIGLYCERIDE T <input type="checkbox"/> URIC ACID T <input type="checkbox"/> URINALYSIS U <input type="checkbox"/> VANCOMYCIN T <input type="checkbox"/> VALPROIC ACID (DEPAKOTE) T <input type="checkbox"/> VITAMIN D25 HYDROXY T	<input type="checkbox"/> CULTURE & SENSITIVITY, URINE <input type="checkbox"/> CULTURE, STOOL <input type="checkbox"/> CULTURE, WOUND <input type="checkbox"/> CULTURE, SPUTUM <input type="checkbox"/> CULTURE, THROAT <input type="checkbox"/> CULTURE, Gr A STREP <input type="checkbox"/> CULTURE, VAGINAL <input type="checkbox"/> CULTURE, URETHRAL <input type="checkbox"/> CULTURE Gr B STREP <input type="checkbox"/> ESBL SCREENING <input type="checkbox"/> CULTURE, MRSA <input type="checkbox"/> CULTURE, VRA <input type="checkbox"/> CULTURE, ANAEROBIC <input type="checkbox"/> C DIFF <input type="checkbox"/> OCCULT BLOOD, STOOL <input type="checkbox"/> FECAL WBC <input type="checkbox"/> GC/CHLAMYDIA <input type="checkbox"/> OVA & PARASITES <input type="checkbox"/> BLOOD CULTURE
HEMATOLOGY			
<input type="checkbox"/> CBC W DIFF L <input type="checkbox"/> CBC W/O DIFF L <input type="checkbox"/> ESR L <input type="checkbox"/> HEMOGLOBIN L <input type="checkbox"/> HEMATOCRIT L <input type="checkbox"/> PLATELET COUNT L <input type="checkbox"/> WBC COUNT W/ DIFF L <input type="checkbox"/> RETICULOCYTE COUNT L <input type="checkbox"/> PT W/ INR B <input type="checkbox"/> PTT ACTIVATED B			
HISTOLOGY & CYTOLOGY			
		<input type="checkbox"/> BIOPSY <input type="checkbox"/> PAP SMEAR SPECIFY SOURCE: LMP _____ AGE _____ ADDITIONAL INFO: _____	

KEY: S - SERUM B - BLUE L - LAVENDER R - RED Y - YELLOW U - URINE G - GRAY R - PLAIN RED T - TIGER TOP

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)	ADDITIONAL TESTS	DOCTOR OR RN SIGNATURE
I authorize the release of medical information necessary to process this claim and request payment of benefits to the party who accepts assignment. I permit the copy of this authorization to be used in place of the original. I understand that medicare is likely to deny payment for certain procedures. I agree to be personally responsible for payment of laboratory services if Medicare does not provide payment.		_____ SIGNATURE
Patient's Signature: _____		