

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 10/DIAGNOSIS
<input type="checkbox"/> GROUP #		

PROFILES

<input type="checkbox"/> GENERAL HEALTH PROFILE: T, L, U CMP, CBC W/ DIFF, SED RATE, HEPATIC, URIC ACID, THYROID PANEL, LIPID PANEL, FERRITIN, IRON, TIBC, MAGNESIUM, HEPATITIS, URINALYSIS, VITAMIN D, HGBA1C	<input type="checkbox"/> ANEMIA PROFILE: T, L, U CMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH, CHOLESTEROL, FERRITIN, IRON, TIBC, URINALYSIS, VIT B12, FOLIC ACID, VIT D 25	<input type="checkbox"/> ARTHRITIS PROFILE: T, L, U CMP, CBC W/ DIFF, URIC ACID, LIPID PANEL, SED RATE, RA, ASO SCREEN, CRP, ANA SCREEN, TSH, URINALYSIS, CPK
<input type="checkbox"/> HEPATITIS (DIAGNOSTIC PANEL): T HBS ANTIBODY, HBS AG (SURFACE ANTIGEN), ANTI-HBC (HEPATITIS B CORE ANTIBODY), HAV ANTIBODY (HEPATITIS A ANTIBODY), HCV (HEPATITIS C ANTIBODY)	<input type="checkbox"/> OBESITY PROFILE: T, L, U CMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH, CORTISOL, LIPID PROFILE, URINALYSIS, HGBA1C, VIT D25	<input type="checkbox"/> DIABETES PROFILE: T, L, U CMP, CBC W/ DIFF, LIPID PANEL, HGBA1C, SED RATE, T3U, TOTAL T4, TSH, CORTISOL, URINALYSIS
<input type="checkbox"/> ABDOMINAL DISEASE PROFILE : T, L, U CMP, CBC W/ DIFF, SED RATE, H-PYLORI, TSH, AMYLASE, LIPASE, HEPATITIS PANEL, MAGNESIUM, SGOT, SGPT, GGT, LIPID PANEL, URINALYSIS	<input type="checkbox"/> LIVER/ALCOHOLISM PROFILE: T, L, U, B CMP, CBC W/ DIFF, SED RATE,PT, PTT, AMYLASE, LIPASE, IRON, TIBC, T3U, TOTAL T4, TSH, FERRITIN, HEP PANEL, SGOT, SGPT, GGT, LDH, TOTAL PROTEIN, TOTAL BILIRUBIN, LIPID PANEL, URINALYSIS	<input type="checkbox"/> 12 PANEL DRUG SCREENING URINE AMP,BAR,BUP,BZO,COC,MDMA,MET/mAMP, MOP/OPI300, MTD, OXY PCP, THC
<input type="checkbox"/> CARDIAC/HYPERTENSION PROFILE : T, L, U 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	<input type="checkbox"/> KIDNEY/UTI: T, L, U, B CMP, CBC W/ DIFF, T3U, TOTAL T4, TSH, FERRITIN, MAGNESIUM, PTH, VIT D25, LIPID PANEL, URINALYSIS, C/S, SED RATE, CRP, CORTISOL, PHOSPHOROUS	<input type="checkbox"/> RESPIRATORY VIRAL SARS-CoV PANEL ADENOVIRUS,CORONA 229E,HKU1,NL63,OC43, hMPV, FLU A, AH1, H1NT, H3, B, RHINOVIRUS, PARAFLU V1,V2,V3,V4, RSV, SARS CoV-2, B-PERTUSIS, C-PNEUMONIAE, M-PNEUMONIAE

Remarks:

PANELS		INDIVIDUAL TESTS (ALPHABETICAL)				MICROBIOLOGY	
<input type="checkbox"/> BASIC METABOLIC PANEL T (CO2, Chlo, Crea, Glucose, K, Sodium, BUN/Crea, Cal)		<input type="checkbox"/> ALK PHOSPHATASE T		<input type="checkbox"/> HEPATITIS BS AG T		<input type="checkbox"/> CULTURE & SENSITIVITY, URINE	
<input type="checkbox"/> COMPLETE METABOLIC PANEL T (CO2, Chlo, Crea, Glucose, K, Sodium, BUN/Crea, Cal, Alb, TBil, Alkaline Phosphates, Total Protein, SGPT, SGOT)		<input type="checkbox"/> AMYLASE T		<input type="checkbox"/> HEPATITIS C AB T		<input type="checkbox"/> CULTURE, STOOL	
<input type="checkbox"/> ELECTROLYTE PANEL T (CO2, Chloride, Sodium, Potassium)		<input type="checkbox"/> ALBUMIN T		<input type="checkbox"/> HIV 1 / HIV 2 T		<input type="checkbox"/> CULTURE, WOUND	
<input type="checkbox"/> LIPID PANEL T (Cholesterol, Triglyceride, HDL, LDL, VLDL)		<input type="checkbox"/> ANA T		<input type="checkbox"/> H PYLORI IG AB T		<input type="checkbox"/> CULTURE, SPUTUM	
<input type="checkbox"/> LIVER FUNCTION PANEL T (Alb, AIP, ALT, AST, DBil, TBil, Total P)		<input type="checkbox"/> ALT (SGPT) T		<input type="checkbox"/> IRON T		<input type="checkbox"/> CULTURE, THROAT	
<input type="checkbox"/> RENAL PANEL T (Alb, BUN, Cal, Crea, BUN/CREA, CO2, Glu, Phos, Na, K, Chlo)		<input type="checkbox"/> AST (SGOT) T		<input type="checkbox"/> IRON BINDING CAPACITY (TIBC) T		<input type="checkbox"/> CULTURE, Gr A STREP	
<input type="checkbox"/> THYROID PROFILE T (FT4, TSH, T3U, THYROXIN INDEX)		<input type="checkbox"/> BUN T		<input type="checkbox"/> LIPASE T		<input type="checkbox"/> CULTURE, URETHRAL	
<input type="checkbox"/> CARDIAC MARKERS T, L (TROPONIN I, CK-MB, MYOGLOBIN, BNP, D-DIMER)		<input type="checkbox"/> BNP L		<input type="checkbox"/> LITHIUM T		<input type="checkbox"/> CULTURE, VAGINAL	
HEMATOLOGY		<input type="checkbox"/> BILIRUBIN T		<input type="checkbox"/> MICROALBUMIN U		<input type="checkbox"/> CULTURE, URETHRAL	
<input type="checkbox"/> CBC W DIFF L		<input type="checkbox"/> B12 & FOLATE T		<input type="checkbox"/> MAGNESIUM R		<input type="checkbox"/> CULTURE Gr B STREP	
<input type="checkbox"/> CBC W/O DIFF L		<input type="checkbox"/> CALCIUM T		<input type="checkbox"/> PHENTOIN (DILANTIN) R		<input type="checkbox"/> ESBL SCREENING	
<input type="checkbox"/> ESR L		<input type="checkbox"/> CARBAMAZEPINE/TEGRETOL R		<input type="checkbox"/> POTASIUM T		<input type="checkbox"/> CULTURE, MRSA	
<input type="checkbox"/> HEMOGLOBIN L		<input type="checkbox"/> CEA T		<input type="checkbox"/> PROTEIN, TOTAL T		<input type="checkbox"/> CULTURE, VRA	
<input type="checkbox"/> HEMATOCRIT L		<input type="checkbox"/> CHOLESTEROL, TOTAL T		<input type="checkbox"/> PSA T		<input type="checkbox"/> CULTURE, ANAEROBIC	
<input type="checkbox"/> PLATELET COUNT L		<input type="checkbox"/> CPK, TOTAL T		<input type="checkbox"/> PROLACTIN T		<input type="checkbox"/> C DIFF	
<input type="checkbox"/> WBC COUNT W/ DIFF L		<input type="checkbox"/> CPK T		<input type="checkbox"/> PROGESTERONE T		<input type="checkbox"/> OCCULT BLOOD, STOOL	
<input type="checkbox"/> RETICULOCYTE COUNT L		<input type="checkbox"/> CREATININE T		<input type="checkbox"/> RHEUMATOID FACTOR T		<input type="checkbox"/> FECAL WBC	
<input type="checkbox"/> PT W/ INR B		<input type="checkbox"/> CRP CARDIAC SENSITIVE T		<input type="checkbox"/> RPR T		<input type="checkbox"/> GC/CHLAMYDIA	
<input type="checkbox"/> PTT ACTIVATED B		<input type="checkbox"/> DIGOXIN R		<input type="checkbox"/> RUBELLA IGG AB T		<input type="checkbox"/> OVA & PARASITES	
		<input type="checkbox"/> ESTRADIOL T		<input type="checkbox"/> SODIUM S		<input type="checkbox"/> BLOOD CULTURE	
		<input type="checkbox"/> FERRITIN T		<input type="checkbox"/> TESTOSTERONE T		HISTOLOGY & CYTOLOGY	
		<input type="checkbox"/> FSH & LH T		<input type="checkbox"/> TOTAL T4 T		<input type="checkbox"/> BIOPSY	<input type="checkbox"/> PAP SMEAR
		<input type="checkbox"/> GGTP T		<input type="checkbox"/> TSH T		SPECIFY SOURCE:	LMP _____
		<input type="checkbox"/> GLUCOSE G		<input type="checkbox"/> T3 T			AGE _____
		<input type="checkbox"/> HGB A1C L		<input type="checkbox"/> TRIGLYCERIDE T		ADDITIONAL INFO:	
		<input type="checkbox"/> GENTAMICIN T		<input type="checkbox"/> URIC ACID T		_____	
		<input type="checkbox"/> HCG, SERUM T		<input type="checkbox"/> URINALYSIS U			
		<input type="checkbox"/> HEPATITIS A, IG, M T		<input type="checkbox"/> VANCOMYCIN T			
		<input type="checkbox"/> HEPATITIS BS AB T		<input type="checkbox"/> VALPROIC ACID (DEPAKOTE) R			
				<input type="checkbox"/> VITAMIN D25 HYDROXY R			

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

MEDICARE ADVANCE BENIFICIARY NOTICE (ABN)

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.

Patient's Signature: _____

ADDITIONAL TESTS

DOCTOR OR RN SIGNATURE

SIGNATURE