

**Patient Information**

First Name	Last Name	MI	DOB	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Address 1:	Address 2:	City	State	Zip	
Home Ph. #	Cell Ph. #	Race	Ethnicity		

**Requesting Physician** Practice Name: \_\_\_\_\_

Name of Provider \_\_\_\_\_ NPI: \_\_\_\_\_

**Provider Signature** \_\_\_\_\_

The tests that are ordered within this requisition are medically necessary for the treatment of the patient.

**Insurance Information** (Please include copies of insurance cards; front & back)

Relationship to Insured	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other			
Subscriber's Full Name	SSN#			
Home Ph. #	Cell Ph. #	DOB	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
Primary Insurance	Secondary Insurance			
ID #	Grp #	ID #	Grp#	
Phone #	Phone #			

**Test Orders & Requests**

**Health Wellness - MALE**  **Health Wellness - FEMALE**

<input type="checkbox"/> <b>Basic Metabolic Panel - BMP (SST)</b>	<input type="checkbox"/> <b>Electrolyte Panel (SST)</b>	<input type="checkbox"/> <b>Complete Metabolic Panel - CMP (SST)</b>	<input type="checkbox"/> <b>Lipid Panel (SST)</b>	<input type="checkbox"/> <b>Renal Panel (SST)</b>	<input type="checkbox"/> <b>Hepatic "Liver" Panel (SST)</b>
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Diagnostic Profiles/Panels	Chemistry	Protein, Total	S	Microbiology	U
<input type="checkbox"/> Anemia Screen	<input type="checkbox"/> Albumin	<input type="checkbox"/> Sodium	S	<input type="checkbox"/> C&S, Urine	U
<input type="checkbox"/> BUN/Creatinine Panel	<input type="checkbox"/> Alkaline Phos.	<input type="checkbox"/> Triglycerides	S	<input type="checkbox"/> Occult Blood, Fecal	U
<input type="checkbox"/> Cardiovascular Profile	<input type="checkbox"/> ALT	<input type="checkbox"/> Uric Acid, serum	S	<input type="checkbox"/> Immunology	U
<input type="checkbox"/> Creatinine/Protein Panel, U	<input type="checkbox"/> Amylase, serum	<input type="checkbox"/> Vitamin D, 25 - Hydroxy	S	<input type="checkbox"/> ANA Screen	S
<input type="checkbox"/> Diabetic Profile	<input type="checkbox"/> Apolipoprotein A1	<input type="checkbox"/> Vitamin B12	S	<input type="checkbox"/> CMV IgG	S
<input type="checkbox"/> Epstein Barr Virus Screen	<input type="checkbox"/> Apolipoprotein B	<input type="checkbox"/> Hematology	S	<input type="checkbox"/> C-Reactive Protein	S
<input type="checkbox"/> Erectile Dysfunction Panel	<input type="checkbox"/> AST	<input type="checkbox"/> CBC w/Auto Diff	L	<input type="checkbox"/> EBV EAD IgG	S
<input type="checkbox"/> Hepatitis Panel	<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> CBC w/o Auto Diff	L	<input type="checkbox"/> EBV NA IgG	S
<input type="checkbox"/> Hormone Screen, Female	<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> Hemoglobin & Hematocrit	L	<input type="checkbox"/> EBV VCA IgM	S
<input type="checkbox"/> Hormone Screen, Male	<input type="checkbox"/> B-Type Natriuretic Peptide	<input type="checkbox"/> Manual Diff	L	<input type="checkbox"/> HSV 1 IgG	S
<input type="checkbox"/> Inflammatory Profile	<input type="checkbox"/> BUN	<input type="checkbox"/> Reticulocyte Count	L	<input type="checkbox"/> HSV 2 IgG	S
<input type="checkbox"/> Iron (TIBC) Panel	<input type="checkbox"/> Calcium	<input type="checkbox"/> PT/INR	L	<input type="checkbox"/> Lyme Ab, Total	S
<input type="checkbox"/> Microalbumin Panel	<input type="checkbox"/> Carbon Dioxide (CO2)	<input type="checkbox"/> APTT	L	<input type="checkbox"/> Measles Ab, IgG	S
<input type="checkbox"/> Nutritional Profile	<input type="checkbox"/> Chloride, serum	<input type="checkbox"/> Endocrinology	S	<input type="checkbox"/> Mononucleosis Screen	S
<input type="checkbox"/> Obstetric Panel	<input type="checkbox"/> Creatinine, serum	<input type="checkbox"/> Cortisol, Total	S	<input type="checkbox"/> Mumps Ab, IgG	S
<input type="checkbox"/> Osmolality Panel, U	<input type="checkbox"/> Ferritin	<input type="checkbox"/> DHEA-S	S	<input type="checkbox"/> Rheumatoid Factor	S
<input type="checkbox"/> Pancreatic Profile	<input type="checkbox"/> Folic Acid (Folate)	<input type="checkbox"/> Estradiol	S	<input type="checkbox"/> RPR	S
<input type="checkbox"/> Rheumatoid Eval	<input type="checkbox"/> G-6PD	<input type="checkbox"/> FSH	S	<input type="checkbox"/> Rubella Ab, IgG	S
<input type="checkbox"/> STD Panel	<input type="checkbox"/> GGT	<input type="checkbox"/> HCG, Qual.	S	<input type="checkbox"/> Thyroglobulin Ab	S
<input type="checkbox"/> Testosterone Free & Total	<input type="checkbox"/> Glucose, serum	<input type="checkbox"/> Insulin	S	<input type="checkbox"/> Thyroid Peroxidase Ab	S
<input type="checkbox"/> Thyroid Profile	<input type="checkbox"/> HDL-Cholesterol	<input type="checkbox"/> LH	S	<input type="checkbox"/> VZV Ab, IgG	S
<input type="checkbox"/> Vitamins Profile	<input type="checkbox"/> Hematocrit	<input type="checkbox"/> Progesterone	S	<input type="checkbox"/> Urinalysis	U
	<input type="checkbox"/> Hemoglobin A1c	<input type="checkbox"/> Prolactin	S	<input type="checkbox"/> Amylase, urine	U
<b>Hepatitis Screening</b>	<input type="checkbox"/> Homocysteine	<input type="checkbox"/> PTH Intact	S	<input type="checkbox"/> Chloride, urine	U
<input type="checkbox"/> Hep. A Ab, IgM	<input type="checkbox"/> Inflammatory Profile	<input type="checkbox"/> SHBG	S	<input type="checkbox"/> Creatinine, urine	U
<input type="checkbox"/> Hep. A Abs, Total	<input type="checkbox"/> Iron, Total	<input type="checkbox"/> βHCG, Quant	S	<input type="checkbox"/> Glucose, urine	U
<input type="checkbox"/> Hep. B Core, IgM	<input type="checkbox"/> LDH	<input type="checkbox"/> T3, Free	S	<input type="checkbox"/> Microalbumin	U
<input type="checkbox"/> Hep. B Core, Total	<input type="checkbox"/> LDL, Direct	<input type="checkbox"/> T3, Total	S	<input type="checkbox"/> Phosphorus, urine	U
<input type="checkbox"/> Hep. B Surface Ag w/Conf.	<input type="checkbox"/> Lipase	<input type="checkbox"/> T4, Total	S	<input type="checkbox"/> Potassium, urine	U
<input type="checkbox"/> Hep. B Surface Ab, IgG	<input type="checkbox"/> Magnesium	<input type="checkbox"/> T4, Uptake	S	<input type="checkbox"/> Sodium, urine	U
<input type="checkbox"/> Hep. C Ab, IgG	<input type="checkbox"/> Phosphorus, serum	<input type="checkbox"/> Testosterone, Total	S	<input type="checkbox"/> Total Protein, urine	U
<b>HIV Screening S</b>	<input type="checkbox"/> Potassium, serum	<input type="checkbox"/> TSH	S	<input type="checkbox"/> Urea Nitrogen, urine	U
<input type="checkbox"/> HIV 1/2 Ag/Ab	<input type="checkbox"/> Prealbumin	<input type="checkbox"/> TSH w/ T4, Free	S	<input type="checkbox"/> Urinalysis, Complete	U

**ICD-10 Diagnostic Codes**

1.	2.	3.	4.	5.	6.
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Physicians should only order tests which are medically necessary for the diagnosis or treatment of the patient.

**Additional Test Request**

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