

Director:
 Lelia Yu, M.D. Pathologist

PROVIDING EXCELLENT
 PATIENT CARE SINCE 1979

PHONE REPORT TO: ()	STAT	<input type="checkbox"/> FASTING	<input type="checkbox"/> NON-FASTING						
CHART I.D. NUMBER	DATE	TIME COLLECTED		BILL TO	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> IPA	<input type="checkbox"/> OTHER	
					<input type="checkbox"/> MEDICARE	<input type="checkbox"/> PATIENT DIRECT	<input type="checkbox"/> INSURANCE		
PATIENT LAST	FIRST	M.I.		INSURANCE / IPA / MEDICAL MANAGED CARE GROUP NAME					
SOCIAL SECURITY NO.	SEX M F	AGE	DATE OF BIRTH		SUBSCRIBERS' NAME			RELATIONSHIP <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT	
ADDRESS			PHONE # ()		INSURANCE / MEDICARE / MEDICAL I.D. #			GROUP / LOCAL #	
CITY	STATE	ZIP		INSURED / GUARDIAN SIGNATURE REQUIRED X					

ALL INFORMATION MUST BE PROVIDED OR CLIENT WILL BE BILLED

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY CHARGES NOT PAID FULL BY INSURANCE

CHEMISTRY	ICD 10 CODE	HEMATOLOGY	ICD 10 CODE	SEROLOGY	ICD 10 CODE	PANELS (cont.)	ICD 10 CODE
05011 <input type="checkbox"/> HIV I, II (S)		00500 <input type="checkbox"/> CBCRBCMORPH & PLATELETS (L)		47544 <input type="checkbox"/> ANA SCREEN (S)		HEPATITIS	
01070 <input type="checkbox"/> AMYLASE (S)		00050 <input type="checkbox"/> ABO AND Rh FACTOR (R L)		06030 <input type="checkbox"/> ASO (S)		90615 <input type="checkbox"/> HEPATITIS A,B PANEL (S)	
01090 <input type="checkbox"/> BILIRUBIN, TOTAL (S)		00060 <input type="checkbox"/> ANTIBODY SCREEN (R)		06082 <input type="checkbox"/> CRP (S)		(HBsAg, HBsAb, HbCAb TOTAL HAVAB)	
01130 <input type="checkbox"/> BUN (S)		00100 <input type="checkbox"/> URINALYSIS W/ MICROSCOPIC		06051 <input type="checkbox"/> ULTRA SENSITIVE CRP (S)		50005 <input type="checkbox"/> HEP. C. ANTIBODY (S)	
01180 <input type="checkbox"/> CHOLESTEROL (S)		00150 <input type="checkbox"/> U/A - C&S IF INDICATED (UR)		06143 <input type="checkbox"/> TP.PA SYPHILIS CONFIRMATION (S)		LIPID PANEL (S)	
01200 <input type="checkbox"/> CPK (S)		00540 <input type="checkbox"/> PROTHROMBIN TIME (PT) (B)		06120 <input type="checkbox"/> MONO SCREEN (S)		09100 <input type="checkbox"/> (CHOL, TRIG, HDL, LDL, VLDL, RISK FACTOR)	
01210 <input type="checkbox"/> CREATININE (S)		00542 <input type="checkbox"/> A PTT (B)		06083 <input type="checkbox"/> RA TEST (S)		HEPATIC PANEL (S)	
02076 <input type="checkbox"/> FERRITIN (S)		00550 <input type="checkbox"/> SED RATE (ESR) (L)		47558 <input type="checkbox"/> RUBELLA (S)		09110 <input type="checkbox"/> (T. PROTEIN, ALBUMIN SGPT, SGOT, T. BILIRUBIN, D. BILIRUBIN, ALK., PHOS, A/G RATIO)	
02077 <input type="checkbox"/> FOLATE /B12(02091) (S)		MICROBIOLOGY		06200 <input type="checkbox"/> RPR (S)		PRENATAL PANEL (SRL)	
02078 <input type="checkbox"/> FSH (S)		SOURCE		PREGNANCY TESTS		09370Z <input type="checkbox"/> (CBC, PLATELETS, RPR RUBELLA, ABO & RH, ANTIBODY SCREEN, HBSAG)	
01230 <input type="checkbox"/> GGTP (S)		SENSITIVITIES & IDS WILL BE PERFORMED IF INDICATED		07245 <input type="checkbox"/> URINE (UR)		TUMOR MARKERS	
01255 <input type="checkbox"/> GLUCOSE (GY)		08021 <input type="checkbox"/> AFB (INCLUDES SMEAR)		02082 <input type="checkbox"/> BHCG QUANT (S)		07400 <input type="checkbox"/> AFP (NON-PREGNANT) (S)	
02300 <input type="checkbox"/> GLYCOHEMOGLOBIN (L)		96010 <input type="checkbox"/> BETA STREP GROUP A		02081 <input type="checkbox"/> HCG QUAL (S)		07440 <input type="checkbox"/> CA 19-9 (S)	
51020 <input type="checkbox"/> H. PYLORI IgG (S)		96012 <input type="checkbox"/> BETA STREP GROUP B		TOXICOLOGY		07420 <input type="checkbox"/> CA 125 (S)	
07524 <input type="checkbox"/> HBs ANTIGEN (S)		08010 <input type="checkbox"/> CULTURE, ROUTINE		07820 <input type="checkbox"/> DIGOXIN (R)		07410 <input type="checkbox"/> CEA (S)	
01330 <input type="checkbox"/> HDL CHOLESTEROL (S)		08030 <input type="checkbox"/> BLOOD CULTURE		07850 <input type="checkbox"/> LITHIUM (R)		02087 <input type="checkbox"/> PSA (S)	
01350 <input type="checkbox"/> IRON, TOTAL (S)		08070 <input type="checkbox"/> FUNGUS CULTURE		07860 <input type="checkbox"/> PHENOBARBITAL (R)		PAP SMEAR	
01355 <input type="checkbox"/> IRON, PANEL (S)		08100 <input type="checkbox"/> THROAT CULTURE		07900 <input type="checkbox"/> CARBAMZEPINE (TEGRETOL) (R)		SOURCE: C / V / E	
05820 <input type="checkbox"/> LEAD (TN or RB)		08102 <input type="checkbox"/> SPUTUM CULTURE (INCLUDES SMEAR)		07890 <input type="checkbox"/> THEOPHYLLINE (R)		LMP: _____	
02083 <input type="checkbox"/> L.H. (S)		08110 <input type="checkbox"/> STOOL CULTURE		07920 <input type="checkbox"/> VALPROIC ACID (DEPAKENE) (R)		CLINICAL HISTORY: _____	
01380 <input type="checkbox"/> LIPASE (S)		08130 <input type="checkbox"/> URINE CULTURE		PANELS		<input type="checkbox"/> Pregnant <input type="checkbox"/> BCP	
01400 <input type="checkbox"/> MAGNESIUM (S)		08140 <input type="checkbox"/> VAGINAL CULTURE		09031 <input type="checkbox"/> BASIC METABOLIC PANEL (S)		<input type="checkbox"/> Post Partum <input type="checkbox"/> Hormones	
01440 <input type="checkbox"/> POTASSIUM (S)		08281 <input type="checkbox"/> CHLAMYDIA OGN SWAB		(NA, K, Cl, BUN, CREAT, GLU, CA)		<input type="checkbox"/> Hysterectomy <input type="checkbox"/> IUD	
02085 <input type="checkbox"/> PROLACTIN (S)		08291 <input type="checkbox"/> GONORRHEA OGN SWAB		09041 <input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL (S)		<input type="checkbox"/> Postmenopausal	
01490 <input type="checkbox"/> SGOT (AST) (S)		08330 <input type="checkbox"/> CHLAMYDIA AMP (URINE)		(ALB, ALK P, AST, T-BILI, BUN, CA CL, CREAT, GLU, K, T PROT, NA, ALT)		<input type="checkbox"/> Other	
01500 <input type="checkbox"/> SGPT (ALT) (S)		08340 <input type="checkbox"/> GONORRHEA AMP (URINE)		09130 <input type="checkbox"/> RENAL PANEL (S)		<input type="checkbox"/> Liquid Base PAP with HPV-DNA High Risk if ASCUS	
02086 <input type="checkbox"/> TOTAL T3 (S)		08280 <input type="checkbox"/> CHLAMYDIA AMP (THIN PAP)		(ALB, CA, CO2, CL, CREAT, GLU, PHOS, NA, K, BUN)			
01600 <input type="checkbox"/> T3 UPTAKE (S)		08290 <input type="checkbox"/> GC AMPLICATION (THIN PAP)					
02080 <input type="checkbox"/> T4-FREE (S)		08200 <input type="checkbox"/> GRAM STAIN					
07040 <input type="checkbox"/> TOTAL T4 (S)		08250 <input type="checkbox"/> OCCULT BLOOD					
02089 <input type="checkbox"/> TSH - SENSITIVE (S)		08270 <input type="checkbox"/> OVA & PARASITES					
01530 <input type="checkbox"/> TRIGLYCERIDE (S)		08210 <input type="checkbox"/> WET MOUNT					
01560 <input type="checkbox"/> URIC ACID (S)							
09003 <input type="checkbox"/> VITAMIN D 25 TOTAL (S)							



FOR LAB USE ONLY

NOTICE TO PHYSICIANS

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individual authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes. COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES. ALL LABORATORY PROCEDURES WILL BE BILLED TO THIRD PARTY CARRIERS (INCLUDING MEDICARE AND MEDI-CAL) AT PRICES BILLED TO PATIENTS.

SPECIMEN CODES

B = BLUE GY = GRAY S = SERUM SST
 BI = BIOPSY L = LAVENDER ST = STOOL
 F = FROZEN P = PLASMA SW = SWAB
 GN = GREEN R = PLAIN RED UR = URINE
 TN = TAN RB = ROYAL BLUE

PHLEBOTOMIST INITIAL

PLEASE SEE REVERSE SIDE FOR PATIENT DRAWING SERVICE LOCATIONS