

Medstar

LABORATORY INC.

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ICD-9 / DIAGNOSIS

PHYSICIAN SIGNATURE

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R	RT	G	L	U	J	TP	B	N	Q	C	D	O	GP	H	S	V	BY			
PLAIN RED	RED TIGER	GRAY	LAV	STERILE URINE	SLIDE	THIN PREP	BLUE	GREEN	STOOL	STOOL CARD (YELLOW TOP)	STOOL	STOOL	GC/CHLAMYDIA	24 HR URINE	CULTURE SWAB	VIRAL TRANSPORT	BIOPSY			

PATIENT NAME (LAST, FIRST)(PLEASE PRINT)										PATIENT DATE OF BIRTH								
STREET										APT #		CITY			STATE		ZIP	
AGE		SEX		COLLECTED BY		COLLECTION DATE		COLLECTION TIME		A.M.		FASTING						
										PM.		YES NO						
PATIENT PHONE					S.S. NO.					X Patient Signature								

I authorize the release of any 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.

BILLING INFORMATION MUST BE COMPLETED

<input type="checkbox"/> MEDICARE				<input type="checkbox"/> MEDICAID/HMO				INSURANCE INFORMATION			
PREFIX		PATIENT MEDICARE I.D. NUMBER		SUFFIX		PATIENT MEDICAID I.D. NUMBER		PLEASE SEND COPY OF CARD FRONT AND BACK			
OTHER								NAME AND ADDRESS OF INS.			
<input type="checkbox"/> BC/BS		<input type="checkbox"/> HMO/IPA		<input type="checkbox"/> INSURANCE		<input type="checkbox"/> BILL PT.		<input type="checkbox"/> ACCOUNT BILL		INSURANCE ID. NO.	
ACCOUNT NO.								GROUP NO.			
CLIENT NAME								SUBSCRIBER'S NAME			
CLIENT ADDRESS								SUBSCRIBER DATE OF BIRTH		RELATIONSHIP	
TEL. NO.								INS. ELE. PAYER ID #			

PROFILES

621 General Health Profile: Comprehensive Metabolic Panel, CBC, Diff Cl., Sed Rate, H-Pyruv, TBU, Total T4, TSH, Lipid Panel, Ferritin, Iron, Iron Binding, Magnesium, Hepatitis, Lipoprotein-a, U/A	1012 Anemia Profile: Comprehensive Metabolic Panel, CBC, Diff Cl., Sed Rate, TBU, Total T4, TSH, Cholesterol, Ferritin, Iron, Iron Binding, U/A	623 Arthritis Profile: Comprehensive Metabolic Panel, Uric Acid, Lipid Panel, CBC, Diff Cl., Sed Rate, RA Latex Qual., ASO Screen, CRP, ANA Screen, TSH, U/A	619 Cardiac/Hypertension: Comprehensive Metabolic Panel, Lipid Panel, CBC, Diff Cl., T3U, Total T4, TSH, Iron, Iron Binding, CRP, CRP, Uric Acid, Cortisol, Magnesium, GGT, Ferritin, Lipoprotein-a, U/A
416 Hepatitis Panel: Hep B Surface Antibody, Hep B Surface Antigen, Hep B Core Antibody-Total, Hep B Core Antibody-IgM, Hep A Antibody-Total, Hep A Antibody-IgM, Hep C Antibody	630 Obesity Profile: Comprehensive Metabolic Panel, CBC, Diff Cl., Sed Rate, T3U, Total T4, TSH, Cortisol, Lipid Panel, U/A	624 Diabetes Profile: Comprehensive Metabolic Panel, Lipid Panel, Glyc-Hemoglobin, CBC, Diff Cl., Sed Rate, T3U, Total T4, TSH, Cortisol, MicroAlbumin, U/A	625 Kidney/UTI: Comprehensive Metabolic Panel, CBC, Diff Cl., Lipid Panel, Sed Rate, CRP, Magnesium, Cortisol, T3U, Total T4, TSH, Uric Acid, U/A
1014 Abdominal Disease Profile: Comprehensive Metabolic Panel, CBC, Diff Cl., Sed Rate, H-Pyruv, TSH, Amylase, Hepatitis Panel, Magnesium, GGT, Lipid Panel, U/A	626 Liver/Alcoholism Profile: Comprehensive Metabolic Panel, CBC, Diff Cl., Sed Rate, PT, PTT, Amylase, Iron, Iron Binding, T3U, Total T4, TSH, Ferritin, Hepatitis Panel, GGT, LDH, Lipid Panel, U/A	1015 Amenorrhea Profile, Menstrual Disorder: Comprehensive Metabolic Panel, CBC, Diff Cl., Sed Rate, T3U, Total T4, TSH, HCG, Lipid Panel, Magnesium, Prolactin, FSH, LH, Iron, Iron Binding, Ferritin, U/A	1013 Pre-Natal Profile: Comprehensive Metabolic Panel, CBC, Diff Cl., HCG, Quant., Lipid Panel, Blood Group, Blood Type, Rubella Screen, RPR, HIV, Chlamydia & GC, Hepatitis Panel, T3U, Total T4, TSH, Ferritin, Iron, Iron Binding, U/A
5 Electrolyte Profile: CO2, Chloride, Sodium, Potassium	4 Lipid Profile: Cholesterol, Triglycerides, HDL, LDL (Calculated)	9 Basic Metabolic Profile: CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN, Calcium, BUN/Creatinine	2 Comprehensive Metabolic: CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN, Calcium, BUN/Creatinine, Albumin, Total Bilirubin, Alkaline Phosphatase, Total Protein, SUPT, SUOT

OTHER TESTS:

<input type="checkbox"/> 11 CHEM-SCAN (COMPREHENSIVE METABOLIC PANEL AND LIPID PROFILE)	<input type="checkbox"/> 202 HELICOBACTER PYLORI (H. PYLORI)	<input type="checkbox"/> 505A PROTHROMBIN TIME
<input type="checkbox"/> 410 CBC, PLATELET-WITH DIFF. COUNT.	<input type="checkbox"/> 411 HEMOGLOBIN & HEMATOCRIT	<input type="checkbox"/> 511A PTT
<input type="checkbox"/> 410A CBC, PLATELET-WITHOUT DIFF. COUNT.	<input type="checkbox"/> 1 HIV - ELISA	<input type="checkbox"/> 881 PSA
<input type="checkbox"/> 405 ASO SCREEN	<input type="checkbox"/> 508 IRON	<input type="checkbox"/> 106 RPR
<input type="checkbox"/> 506 BLOOD GROUP	<input type="checkbox"/> 509 IRON BINDING	<input type="checkbox"/> 501 SED RATE
<input type="checkbox"/> 507 BLOOD TYPE	<input type="checkbox"/> 12 LIPOPROTEIN-a	<input type="checkbox"/> 510 SICKLE CELL
<input type="checkbox"/> 401 C-REACTIVE PROTEIN	<input type="checkbox"/> 666 LEAD	<input type="checkbox"/> 912 THROAT CULTURE
<input type="checkbox"/> 209 CPK	<input type="checkbox"/> 482 LDL (DIRECT)	<input type="checkbox"/> 913 THROAT CULTURE (STREP-A DNA)
<input type="checkbox"/> 104 CHOLESTEROL	<input type="checkbox"/> 1005 SGOT, SGPT, GGT, LDH, AMYLASE, PHOSPHORUS, TOTAL BILIRUBIN, ALBUMIN, ALKALINE PHOSPHATASE, TOTAL PROTEIN, D. BILIRUBIN	<input type="checkbox"/> 3 T3U, TOTAL T4, TSH-FTI
<input type="checkbox"/> 917A GC & CHLAMYDIA	<input type="checkbox"/> 808 MICROALBUMIN (URINE)	<input type="checkbox"/> 801 URINALYSIS
<input type="checkbox"/> 311 DIGOXIN	<input type="checkbox"/> 415 PREGNANCY TEST (HCG)	<input type="checkbox"/> 359 U/A & URINE C/S
<input type="checkbox"/> 285 DILANTIN	<input type="checkbox"/> 415A HCG QUANTITATIVE	<input type="checkbox"/> 99A URINE DRUG SCREEN
<input type="checkbox"/> 402 DIRECT BILIRUBIN	<input type="checkbox"/> 880 PROLACTIN	<input type="checkbox"/> 904 VAGINAL CULTURE
<input type="checkbox"/> 100 GLUCOSE	<input type="checkbox"/> 804 PREGNANCY TEST (URINE)	<input type="checkbox"/> 904A VAGINAL-BETA STREP (GBBS)
<input type="checkbox"/> 114 HEMOGLOBIN A1C		<input type="checkbox"/> 515 VITAMIN B-12 & FOLATE

OTHER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN SCREENING PURPOSES. IF SINGLE CELL POSITIVE-HEMOCYTOB ELECTROPHORESIS, HIV POSITIVE FT4-ABL, HIV POSITIVE WESTERN BLOT, IF LEUCOCYTES INDICATES PRESENT IN URINE-URINE CULTURE, AND IF CPK POSITIVE-CPK ISOENZYMES, WILL BE DONE FOR CONFIRMATION UNLESS INSTRUCTED OTHERWISE. THE TESTS ABOVE ARE CIRCLED AS PROFILES TO PERMIT MORE PHONES. ©2008 MEDSTAR LABORATORY INC.

Patient Name: _____

Accession Number: _____

DIAGNOSIS CODES

Abdominal Mass	789.39	Depression (NOS)*	311	Hypercholesterolemia	272.0	Osteosclerosis	756.52
Abdominal Pain	789.00	DM (diabetes mellitus)	250.00	Hyperglycemia	790.6	Otitis Media	362.9
AIDS042	Diarrhea (NOS)*	787.91	-hypo	251.2	Palpitations	785.1
Alcohol Dependence	303.90	Difficulty Swallowing		Hyperkalemia	276.7	Pancreatitis	577.0
Allergic Urticaria	708.0	(Dysphagia)	787.20	-hypo	276.8	Pelvic pain	625.9
Amenorrhea	626.0	Discharge Vaginal (NOS)*	623.5	Hyperlipidemia	272.4	Peptic Ulcer	533.90
Anemia (NOS)*	285.9	Dizziness	780.4	Hyperparathyroidism	252.00	Peripheral Neuropathy	356.9
Anemia-Iron Deficiency	280.9	Duodenal Ulcer	532.90	HPN (hypertension)	401.9	Pharyngitis	462
Angina (pectoris)	413.9	Dyslipidemia	272.4	Hyperthyroidism	242.90	Pneumonia	486
Anorexia	783.0	Dyspepsia	536.8	Hypertriglyceridemia	272.1	Polyarthralgia	719.49
-nervosa	307.1	Dyspnea	786.09	Hyperuricemia	790.6	Post Menopausal Bleeding	627.1
Anxiety	300.00	Dysuria	788.1	Incontinence	788.30	Prostate Disorder	
Arrhythmia (NOS)*	427.9	Edema	782.3	Indigestion	536.8	(unspecified)	602.9
Arteritis (NOS)*	447.6	Enteritis (NOS)*	558.9	Influenza	487.1	Prostatitis	601.9
Arthralgia	719.40	Epilepsy	345.90	Irregular periods	626.4	Pulmonary Embolism	415.19
ASHD	414.00	Fatigue	780.79	IBS (irritable bowel syndrome)	564.1	Radiculitis (unspecified)	729.2
Arthritis	716.90	Fever (unknown origin)	780.60	IHD (ischemic heart disease)	414.9	Rash	782.1
Asthma	493.90	Findings: Abnormal		Jaundice (unspecified)	782.4	Raynaud's Disease	443.0
Atrial Fibrillation	427.31	-Alk Phosphates	790.5	Joint Pain	719.40	Renal Failure, Chronic ESRD	585.6
Atrophic Vaginitis	627.3	-Bilirubin	277.4	Kidney Disease (unspecified)	593.9	Renal Insufficiency	593.9
Backache (unspecified)	724.5	-CA 125	795.82	-infection	590.9	Rheumatic Fever	390
BPH	600.00	-CEA	795.81	Knee Pain	719.46	RA (rheumatoid arthritis)	714.0
Bradycardia	427.89	-CPK	790.5	Lead Poisoning	984.9	Seizures	780.39
Bronchitis	490	-CRP	790.95	Leukemia	208.90	Septicemia	038.9
Cancer:		-Hepatitis Antibody	795.79	Liver Disease (unspecified)	573.9	SOB (shortness of breath)	786.05
-breast	174.9	-Lead	984.9	Long Term (current)		Sick Sinus Syndrome	427.81
-colon	153.9	-LFT	794.8	Drug Use	V58.69	Sinusitis (chronic)	473.9
-lung	162.9	-Liver Enzyme	790.5	Long Term (current) use of		Stenosis, Aortic	424.1
-ovary	183.0	-Other Nonspecific	790.99	Anticoagulants	V58.61	Stroke	436
-prostate	185	-PSA	790.93	Loss of Appetite	783.0	Swine Flu	488.1
Cardiac Dysrhythmia	427.9	-SGOT/SGOP	790.4	Loss of Weight (abnormal)	783.21	Syncope	780.2
Cardiomyopathy (NOS)*	425.4	-Sugar	790.21	Lumbar Region Pain	724.2	Syphilis (unspecified)	097.9
Cardiovascular Disease	429.2	-Thyroid Function	794.5	Lupus Erythematosus	710.0	Tachycardia (unspecified)	785.0
Cellulitis	682.9	-Tumor Marker	795.89	Lymphoma	202.80	Thrombosis	453.9
Cerebrovascular Accident		Gastritis	535.50	Melanoma	172.9	Thyroid-Disorder (unspecified)	246.9
(CVD)	436	Gastroenteritis	558.9	Mental Retardation	319	TIA (transient ischemic attack)	435.9
Cervicitis	616.0	Gonorrhea (acute)	098.0	MI (myocardial infarction		Tiredness	780.79
Chest pain (unspecified)	786.50	Gout	274.9	acute	440.9	Tonsillitis	463
Cholecystitis (acute)	575.0	Headache	784.0	-status post (old MI)	412	Urinary Frequency	788.41
Cholelithiasis	574.20	Hematuria	599.70	Mitral Valve Disorders	424.0	UTI (urinary tract infection)	599.0
Cirrhosis, of liver (NOS)*	571.5	Hemiplegia (unspecified)	342.90	Myalgia	729.1	Urticaria (unspecified)	708.9
Convulsions	780.39	Hepatitis (unspecified)	573.3	Nausea	787.02	Vaginitis	616.10
Conjunctivitis	372.30	-alcoholic	571.1	Neck Pain	723.1	Varicose Veins	454.9
COPD	496	Hepatitis A	070.1	Neoplasm Related Pain	338.3	Ventricular Tachycardia	427.1
Coronary Artery Disease		Hepatitis B	070.32	Neoplasm of uncertain behavior		Vertigo (NOS)*	780.4
(CAD)	414.00	Hepatitis C	070.54	of stomach-intestine-rectum	235.2	Viral Hepatitis	070.9
Cough	786.2	Herpes Simplex	054.9	Onychomycosis	110.1	Vomiting	787.05
Cushing's Disease	255.0	Herpes Zoster	053.9	OA (osteoarthritis/arthrosis)	715.90	Weakness	780.79
Cystitis (acute)	595.9	HIV Disease	042	Osteomyelitis	730.20	Weight Gain	783.1
				Osteoporosis	733.00		