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PHYSICIAN SIGNATURE M.D. CODE ICD-9 DIAGNOSIS CODE 2 4

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

PATIENT NAME (LAST, FIRST) (PLEASE PRINT) PATIENT DATE OF BIRTH
STREET CITY STATE ZIP
AGE SEX COLLECT BY COLLECTION DATE COLLECTION TIME A.M. P.M. FASTING YES NO
PATIENT PHONE S.S. NO.
Advance Beneficiary Notice (ABN)
I authorize the release of any medical information necessary to process this claim and request payment of benefits to the party who accepts assignment.

BILLING INFORMATION MUST BE COMPLETED
MEDICARE SUPPLY PATIENT ADDRESS ABOVE
MEDICAID/HMO SUPPLY PATIENT ADDRESS ABOVE
INSURANCE MAILING ADDRESS
BC/BS HMO/IPA INSURANCE BILL PATIENT ACCOUNT BILL
NAME OF OTHER INS. AND ADDRESS

LEGEND (TUBES FOR DIFFERENT PROFILES)
RT * RED TIGER N * GREEN
L * LAVENDER G * GRAY
U * URINE SAMPLE S * SWAB
B * BLUE R * PLAIN RED
GP * GEN PROBE C * STOOL CARD

INSURANCE D. NO.
SUBSCRIBER'S NAME
GROUP NO.
SUBSCRIBER'S EMPLOYER
SUBSCRIBER'S DATE OF BIRTH 3. RELATIONSHIP

PROFILES
621 General Health Profile: RT, L, U
1012 Anemia Profile: RT, L, U
623 Arthritis Profile: RT, L, U
619 Cardiac/Hypertension: RT, L, U
416 Hepatitis (Diagnostic Panel): RT
630 Obesity Profile: RT, L, U
624 Diabetes Profile: RT, L, U
625 Kidney/JUT: RT, L, U
1014 Abdominal Disease Profile: RT, L, U
626 Liver/Alcoholism Profile: RT, L, U, B
1015 Amenorrhea Profile, Menstrual Disorder: RT, L, U
1013 Pre-Natal Profile: RT, L, U, GP
5 Electrolyte Profile: RT
4 Lipid Profile: RT
9 Basic Metabolic Profile: RT
2 Comprehensive Metabolic: RT

OTHER TESTS:
11 CHEM-SCAN (BASIC METABOLIC AND LIPID PROFILE) RT
410 CBC, PLATELET CT & DIFF. CT. L
405 ASO SCREEN RT
506 BLOOD GROUP L
507 BLOOD TYPE L
401 C-REACTIVE PROTEIN RT
209 CPK RT
104 CHOLESTEROL RT
917A GC & CHLAMYDIA GP/U
311 DIGOXIN RT
285 DILANTIN RT
402 DIRECT BILIRUBIN RT
100 GLUCOSE RT
114 HEMOGLOBIN A1C L
202 HELICOBACTER PYLORI (H.PYLORI) RT
411 HEMOGLOBIN & HEMATOCRIT L
1 HIV - ELISA RT
508 IRON RT
509 IRON BINDING RT
12 LIPOPROTEIN-a RT
666 LEAD N/L
1005 ALT,AST,GGT,AMYLASE,PHOSPHORUS,T. BILL, ALB,ALP,LDH RT
808 MICROALBUMIN (URINE) U
575 PHENOBARBITAL RT
415 PREGNANCY TEST (HCG) RT
415A HCG QUANTITATIVE RT
880 PROLACTIN RT
881 PSA RT
804 PREGNANCY TEST (URINE) U
505A PROTHROMBIN TIME B
511A PTT B
106 RPR (RED STOPPER) RT
501 SED RATE L
510 SICKLE CELL L
913 THROAT CULTURE (STREP-A DNA) S
407 THRIGLYCERIDES RT
403 TOTAL BILIRUBIN RT
3 T3U, TOTAL T4, TSH-FTI RT
801 URINALYSIS* U
359 U/A & URINE C/S U
99A URINE DRUG SCREEN U
904A VAGINAL-BETA STREP S
515 VITAMIN B-12 & FOLATE RT

ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF A PATIENT RATHER THAN SCREENING PURPOSES. *IF CHOL IS ABNORMAL HDL & LDL WILL BE DONE UNLESS ORDERED OTHERWISE. **IF URINE LEUKOCYTES AND/OR-NITRATES ARE POSITIVE, URINE C&S WILL BE DONE UNLESS INSTRUCTED OTHERWISE. THE TEST ABOVE ARE GROUPED AS PROFILES TO PERMIT MORE PRECISE OF SPECIFIC CONDITIONS. IF YOU DESIRE INDIVIDUAL TESTS ONLY PLEASE MARK THEM INDIVIDUALLY.