



CHART I.D. #		DATE / /		TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM		<input type="checkbox"/> FASTING <input type="checkbox"/> NON FASTING	
PATIENT'S LAST NAME				FIRST NAME		M.I.	REFERRING PHYSICIAN & UPIN NO.
BIRTHDAY		SEX <input type="checkbox"/> M <input type="checkbox"/> F	BILL <input type="checkbox"/> MEDICAL <input type="checkbox"/> MEDICARE		<input type="checkbox"/> PHYSICIAN <input type="checkbox"/> PATIENT DIRECT	<input type="checkbox"/> OTHER <input type="checkbox"/> INSURANCE	<input type="checkbox"/> SS NO. _____
RESPONSIBLE PARTY LAST NAME, FIRST, M.I.				RELATIONSHIP spouse Patient <input type="checkbox"/> <input type="checkbox"/>		MEDICARE, MEDICAL, INSURANCE NUMBER	
ADDRESS				PHONE NUMBER ()			
CITY		STATE		ZIP CODE			
INSURANCE		SUBSCRIBER'S NAME					

PROFILES	ICD 9	CHEMISTRY	ICD 9	ENDOCRINOLOGY	ICD 9	SEROLOGY	ICD 9
2000 <input type="checkbox"/> BASIC METABOLIC PANEL* (T)		2420 <input type="checkbox"/> HA1c (L)		2440 <input type="checkbox"/> PSA (T)		4020 <input type="checkbox"/> CMV IgG/IgM (T)	
2010 <input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL* (T)		2140 <input type="checkbox"/> GLUCOSE, FASTING (GY)		2450 <input type="checkbox"/> FREE PSA (T)		4600 <input type="checkbox"/> ANA w/ Reflex (Lupus Panel) (T)	
2040 <input type="checkbox"/> CORONARY RISK/LIPID PANEL* (T)		3520 <input type="checkbox"/> CORTISOL (T)		2460 <input type="checkbox"/> TSH - 3RD GEN (T)		4630 <input type="checkbox"/> ASO (T)	
5250 <input type="checkbox"/> HEPATITIS ABC PANEL* (T)		2530 <input type="checkbox"/> FERRITIN (T)		2510 <input type="checkbox"/> TOTAL T3 (T)		4640 <input type="checkbox"/> RUBELLA (T)	
2070 <input type="checkbox"/> IRON PANEL* (T)		2540 <input type="checkbox"/> TRANSFERRIN (T)		2500 <input type="checkbox"/> T-UPTAKE (T)		4650 <input type="checkbox"/> SYPHYLLIS (RPR) w/ Reflex (T)	
2030 <input type="checkbox"/> LIVER PANEL* (T)		2370 <input type="checkbox"/> TIBC (T)		2490 <input type="checkbox"/> T4 (THYROXINE) (T)		4670 <input type="checkbox"/> RHEUMATOID FACTOR (RF) (T)	
5551 <input type="checkbox"/> LUPUS PANEL* (T)		2360 <input type="checkbox"/> IRON (T)		2480 <input type="checkbox"/> T4, FREE (T)		4680 <input type="checkbox"/> C-REACTIVE PROTEIN (CRP) (T)	
5270 <input type="checkbox"/> PRENATAL PANEL* (T,L,U)		2400 <input type="checkbox"/> FOLIC ACID (T)		3600 <input type="checkbox"/> ANTI TPO Ab (T)		4000 <input type="checkbox"/> HIV (T)	
5280 <input type="checkbox"/> THYROID PANEL (T)		3712 <input type="checkbox"/> VITAMIN-B12 (T)		2520 <input type="checkbox"/> FREE T3 (T)		MICROBIOLOGY	
HEMATOLOGY		2350 <input type="checkbox"/> URIC ACID (T)		HEPATITIS		7160 <input type="checkbox"/> CHL. AMPLIFIED (U)	
1000 <input type="checkbox"/> CBC WITH DIFF (L)		2390 <input type="checkbox"/> LIPASE (T)		3730 <input type="checkbox"/> HEPATITIS A (TOTAL) (T)		7150 <input type="checkbox"/> G.C. AMPLIFIED (U)	
1080 <input type="checkbox"/> SED. RATE (L)		2380 <input type="checkbox"/> AMYLASE (T)		3750 <input type="checkbox"/> HBcAb (T)		7180 <input type="checkbox"/> OCCULT BLOOD	
1120 <input type="checkbox"/> PRO. TIME (PT) & INR (B)		HORMONE		3770 <input type="checkbox"/> HBsAb Quant (T)		7050 <input type="checkbox"/> ROUNTINE CULTURE (Specify Source)	
1130 <input type="checkbox"/> PT (B)		3580 <input type="checkbox"/> TESTOSTERONE (T)		3780 <input type="checkbox"/> HBsAg (T)		7060 <input type="checkbox"/> STOOL CULTURE	
1190 <input type="checkbox"/> ABO & Rh (L)		3530 <input type="checkbox"/> ESTRADIOL (T)		3840 <input type="checkbox"/> HCV Ab (T)		7010 <input type="checkbox"/> THROAT CULTURE	
CARDIAC MARKER		3540 <input type="checkbox"/> FSH (T)		URINE CHEMISTRY		7070 <input type="checkbox"/> URINE CULTURE, SENSITIVITY	
2560 <input type="checkbox"/> CARDIAC TROPONIN-I (T)		3550 <input type="checkbox"/> LH (T)		6150 <input type="checkbox"/> URINE MICROALBUMIN (U)		7030 <input type="checkbox"/> BETA STREP, GROUP B	
2550 <input type="checkbox"/> CARDIOPHASE hs-CRP (T)		3560 <input type="checkbox"/> PROGESTERONE (T)		6430 <input type="checkbox"/> URINALYSIS / W MICRO (U)		7020 <input type="checkbox"/> VAGINAL CULTURE	
2570 <input type="checkbox"/> BNP (T)		3570 <input type="checkbox"/> PROLACTIN (T)					
2430 <input type="checkbox"/> CPK (T)		2670 <input type="checkbox"/> Beta HCG QUANT (T)					

CYTOPATHOLOGY / HISTOPATHOLOGY		
SOURCE/SITE		MENSTRUAL HISTORY
<input type="checkbox"/> CERVIX	<input type="checkbox"/> LMP _____	<input type="checkbox"/> PREGNANCY
<input type="checkbox"/> VAGINAL	<input type="checkbox"/> POST MENO	<input type="checkbox"/> POST PARTUM _____
<input type="checkbox"/> ENDOCERVIX	<input type="checkbox"/> HORMONAL THERAPY	<input type="checkbox"/> HYSTERECTOMY
<input type="checkbox"/> THIN PREP	<input type="checkbox"/> IUD	<input type="checkbox"/> RADIATION
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> BIRTH CONTROL PILLS	<input type="checkbox"/> DATE _____
HISTORY _____ HIGH RISK FOR CA? _____		
BIOPSY SITE (S)		BIOPSY/TISSUE SITE
1. _____	3. _____	
2. _____	4. _____	
B = BLUE L = LAVENDER T = TIGER TOP GY = GRAY	R = RED SW = SWAB P = PLASMA F = FROZEN	Y = YELLOW U = URINE ST = STOOL

Did you remember to include ICD9 codes and Insurance Info.?

NOTICE TO PATIENT

When ordering tests for which Medicare reimbursement will be sought physicians (or other individuals authorized by law to order test) should only order tests that are medically necessary for the diagnosis or treatment of a patient rather than for screening purposes. COMPONENTS AND BILLING CODES FOR PROFILES AND ESTS ARE LISTED IN OUR SERVICES AND FEE SCHEDULE. 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.

I understand that I am responsible for all charges not paid by insurance.

x _____
Patient Signature

x _____
Ordering physician Signature