

Please call, 972.612.6500 for appointment - Monday - Friday 8:00 am - 5:30 pm

Patient Name: _____ Birth Date: _____ Gender: <b>M</b> or <b>F</b> SS # (optional): _____ Phone: _____ Alternate phone: _____ DX/Reason for testing: _____	Please, provide the following information, or fax ID/ Demo sheet. Name of Insurance: _____ Phone: _____ ID #: _____ Group #: _____ Name of Insured: _____
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CPT	Tests or Panels	ICD-9	CPT	Tests or Panels	ICD-9	CPT	Single Tests	ICD-9	CPT	Single Tests	ICD-9	CPT	Microbiology	ICD-9
Panel or Single Tests may be selected														
80058	<b>Hepatic Function Panel</b>		86900	ABO Blood Type		83540	Iron		87178	Chlamydia DNA Probe				
80051	<b>Electrolytes Panel</b>		82040	Albumin		86901	RH (D)		83550	Iron Binding (TIBC)		87075	Culture, Anaerobic	
84295	Sodium		82251	Bilirubin Tot & Dir		82105	AFP - Maternal		83615	LD (LDH)		87110	Culture Chlamydia	
84132	Potassium		88450	AST/SGOT			Ges. Age (wks) _____		83655	Lead		87252	Culture Herpes	
82435	Chloride		84460	ALT/SGPT			Twins? Race: _____		83002	LH Luteinizing Hormone		87070	Culture Routine	
82374	Carbon Dioxide		84075	Alkaline Phos			Insulin Dep Diabetic? _____		80178	Lithium			Source _____	
80049	<b>Basic Metabolic Panel</b>		80059	<b>Hepatitis Panel</b>		82150	Amylase		83735	Magnesium		87117	Culture AFB	
80051	Na, K, CL, CO2		86708	Hep A IgM & LgG		86038	Anti Nuclear Antibody		85403	Mono		87040	Culture Blood	
84520	BUN		86706	Hep B Surface AB		86850	Antibody Screen		80184	Phenobarbital		87045	Culture Fungus	
82565	Creatinine		87340	Hep B Surface Ag		82607	B-12 Vitamin		80185	Phenytoin/Dilantin		87070	Culture Genital	
82947	Glucose		86704	Hep B Core IgM & IgG		84702	Beta HCG Quant.		84100	Phosphorus		87045	Culture Stool	
80054	<b>Comprehensive Metabolic Panel</b>		86803	Hep C Ab		86140	C-Reactive protein		85595	Platelet Count		87060	Culture Throat _____ automatically done	
			80061	<b>Lipid Profile</b>		80156	Carbamazepine			Pregnancy, Qual.				
80051	Na, K, CL, CO2		82465	Cholesterol		85025	CBC		81025	<input type="checkbox"/> Urine		87086	Culture Urine	
82040	Albumin		84478	Triglycerides		82378	CEA		84703	<input type="checkbox"/> Serum			<input type="checkbox"/> Cath	
84075	Alkaline Phos.		83718	HDL Cholesterol		82550	CK (CPK)		84146	Prolactin			<input type="checkbox"/> Clean catch	
82247	Bilirubin, Total		84443	<b>Thyroid: Profile</b>		82575	Creatinine Clearance		84153	PSA		87252	Culture Viral	
84520	BUN		84433	TSH		80162	Digoxin		85610	Pt with INR: PT taking Anticoagulant? <input type="checkbox"/> Yes <input type="checkbox"/> No			What virus?	
82310	Calcium			II Positive			Drug Screen, Urine							
82565	Creatinine		84439	Free T4		82670	Estradiol		85730	PTT		87590	GC DNA Probe	
82947	Glucose		80090	<b>TORCH Panel</b>		82728	Ferritin		86592	RPR		82270	Occult Blood Stool	
84450	SGOT/AST		86644	CMV Ab		82746	Folate		84439	T4 Free		87177	Ova & Parasites	
84155	Total Protein		86694	Herpes Simplex Ab		83001	FSH		84480	Total T3			Other:	
80072	<b>Arthritis Panel</b>		96762	Rubella Ab		82977	Gamma GT		84403	Testosterone Total				
86255	Fluor Ab Scr		86777	Toxoplasma Ab		83036	Hgb AtC-Glycohemero		80198	Theophylline				
85651	ESR (Sed Rate)					85014	Hematocrit		81001	Urinalysis w/Micro Auto				
86430	RA (Rheumatoid)					85018	Hemoglobin		81003	Urinalysis no micro				
84550	Uric Acid					86701	HIV 1 Ab							
						87230	C Diff Toxin							
						87425	Rotavirus Ag							

Only tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Screening tests will not be reimbursed and should not be submitted for payment. The OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.

Physician's Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_



# The Medical Center of Plano

3901 West 15th Street • Plano, Texas 75075

## Lab Order Form



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PATIENT IDENTIFICATION