

BILLING INFORMATION	PATIENT NAME (LAST, FIRST, MIDDLE INITIAL)		DATE OF BIRTH	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PLEASE ATTACH A COPY OF PATIENT ID
	PATIENT ADDRESS		CITY	STATE	ZIP CODE
	BILL TO <input type="checkbox"/> FACILITY <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE <input type="checkbox"/> MEDICAID <input type="checkbox"/> MEDICARE ** ATTACH ABN FORM		INCLUDE ALPHA CHARACTERS		
	PRIMARY INSURANCE NAME		SECONDARY INSURANCE NAME		
	INSURED NAME		RELATIONSHIP	INSURED NAME	
	MEMBER ID/GROUP		<input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER	MEMBER ID/GROUP	
	INSURED ADDRESS		INSURED ADDRESS		
	DATE COLLECTED	TIME COLLECTED <input type="checkbox"/> AM <input type="checkbox"/> PM	COLLECTED BY		

PROVIDER NAME

PROVIDER SIGNATURE

PROFILES

CONTAINERS: B-LT BLUE L-LAVENDER Y-YELLOW/GOLD/SST U-URINE RB-ROYAL BLUE SW-CULTURE SWAB PAP-THINPREP VIAL Q-QUANT TB GOLD PLUS KIT
 PROFILES ARE MADE FOR PROVIDER CONVENIENCE, BUT PROVIDER CAN ORDER INDIVIDUAL TESTS OR REQUEST CUSTOM PROFILES

- ALRES **PROFILE RESPIRATORY ALLERGY** - A. ALTERNATA MOLD, A. FUMIGATUS MOLD, BERMUDA GRASS, C. HERBARUM MOLD, CAT DANDER, COCKROACH, COMMON RAGWEED, COTTONWOOD TREE, D. FARINAE MITE, D. PTERONYSSINUS MITE, DOG DANDER, ELM TREE, M. RACEMOSUS MOLD, MAPLE LEAF, SYCAMORE, MAPLE TREE, MOUNTAIN CEDAR, MOUSE, MULBERRY TREE, OAK TREE, P. NOTATUM MOLD, PECAN/HICKORY TREE, ROUGH MARSH ELDER, ROUGH PIGWEED, RUSSIAN THISTLE, TIMOTHY GRASS, TOTAL IGE, WALNUT TREE, WHITE ASH TREE **Y(2)**
- ALCHIL **PROFILE CHILDHOOD ALLERGY** - A. ALTERNATA MOLD, C. HERBARUM MOLD, CAT DANDER, COCKROACH, COD FISH, D. FARINAE MITE, D. PTERONYSSINUS MITE, DOG DANDER, EGG WHITE, MILK, MOUSE, PEANUT, SHRIMP, SOYBEAN, TOTAL IGE, WALNUT FOOD, WHEAT **Y(2)**
- ALFOOD **PROFILE FOOD ALLERGY** - CLAM, COD FISH, CORN, EGG WHITE, MILK, PEANUT, SCALLOP, SESAME SEED, SHRIMP, SOYBEAN, WALNUT FOOD, WHEAT **Y(2)**
- ALPR10 **PROFILE ENVIRONMENT ALLERGY** - A. ALTERNATA MOLD, A. FUMIGATUS MOLD, C. HERBARUM MOLD, CAT DANDER, D. FARINAE MITE, D. PTERONYSSINUS MITE, DOG DANDER, FEATHER MIX, HOUSE DUST, P. NOTATUM MOLD **Y(2)**
- ANAPAN **PROFILE ANA 7** - CENTROMERE, JO-1, LA, RNP, RO, SCL-70, SM
- FATIGU **PROFILE UNEXPLAINED FATIGUE** - ANTI CCP, GLIADIN IGA, GLIADIN IGG, PROFILE ANA WITH REFLEX TO ANA 7, THYROGLOBULIN AB, TPO, TTG IGA, TTG IGG **Y(2)**
- GIDIST **PROFILE GASTROINTESTINAL DISTRESS** - COD FISH, EGG WHITE, GLIADIN IGA, GLIADIN IGG, GLUTEN, HAZELNUT, MILK, PEANUT, SCALLOP, SESAME SEED, SHRIMP, SOYBEAN, TTG IGA, TTG IGG, WALNUT FOOD, WHEAT **Y(2)**
- 007 **ARTHRITIS** - ASO, CBC, CMP, CRP, ESR, LIPID PROFILE, ANAPRO, RA, RET, U/A, URIC ACID **Y,L,U**

INDIVIDUAL TESTS (✓)

504 <input type="checkbox"/> ABO+RH	L	DHEAS <input type="checkbox"/> DHEAS	Y	ANAPRO <input type="checkbox"/> PROFILE ANA W/ REFLEX TO ANA 7	Y	FT3 <input type="checkbox"/> T3 FREE	Y
110 <input type="checkbox"/> AMYLASE	Y	408 <input type="checkbox"/> ESR (SED RATE)	L	8050 <input type="checkbox"/> PROFILE 8050 (CBCD, CMP, TSH)	Y, L	84480 <input type="checkbox"/> T3 TOTAL	Y
701 <input type="checkbox"/> ASO QNT	Y	555 <input type="checkbox"/> ESTRADIOL	Y	MAP <input type="checkbox"/> PROFILE MICROALBUMIN	U	601 <input type="checkbox"/> T3-UPTAKE	Y
356166 <input type="checkbox"/> BACTERIAL VAGINITIS, RT PCR	SW	301 <input type="checkbox"/> FOLIC ACID	Y	TESTOP <input type="checkbox"/> PROFILE TESTOSTERONE (FREE	Y	606 <input type="checkbox"/> T4 FREE	Y
BMP <input type="checkbox"/> BASIC MET PANEL	Y	976 <input type="checkbox"/> FSH	Y	TESTOS INDEX, SEX HORMONE		602 <input type="checkbox"/> T4 TOTAL	Y
961 <input type="checkbox"/> BETA-HCG QNT	Y	127 <input type="checkbox"/> GLYCO A1C	L	BINDING GLOB, TESTOS TOTAL)		013005 <input type="checkbox"/> TREPONEMA WITH REFLEX	Y
971 <input type="checkbox"/> BNP	L	707 <input type="checkbox"/> H PYLORI AB IGG	Y	014017 <input type="checkbox"/> PROFILE 9 DRUGS OF ABUSE	U	604 <input type="checkbox"/> TSH	Y
112 <input type="checkbox"/> BUN	Y	013001 <input type="checkbox"/> HIV-1 HIV-2 AG/AB WITH REFLEX	Y	558 <input type="checkbox"/> PROFILE TIBC	Y	013010 <input type="checkbox"/> TSH W/REFLEX TO FT4 + T3 TOTAL	Y
356560 <input type="checkbox"/> CANDIDA VAGINITIS, RT PCR	SW	83090 <input type="checkbox"/> HOMOCYSTEINE	Y	(FE, TIBC, TRANS, FE SATURATION)		159 <input type="checkbox"/> URIC ACID	Y
402 <input type="checkbox"/> CBC DIFF	L	HSVIGG <input type="checkbox"/> HSVIGG W/ REFLEX TO TYPE 1 & 2	Y	982 <input type="checkbox"/> PROLACTIN	Y	801 <input type="checkbox"/> URINALYSIS	U
921 <input type="checkbox"/> CEA	Y	061006 <input type="checkbox"/> HSV TYPE 1 AND 2, RT PCR	Y	46 <input type="checkbox"/> PSA	Y	805 <input type="checkbox"/> URINE CULTURE	U
200 <input type="checkbox"/> CHEMSCAN	Y	988 <input type="checkbox"/> LEAD	L/RB	307 <input type="checkbox"/> PT WITH INR	B	910 <input type="checkbox"/> VAGINAL CULTURE	SW
(CMP, CPK, FE, GGTP, LDH, LIPID PROFILE, PHOS, URIC ACID)		709 <input type="checkbox"/> LH	Y	605 <input type="checkbox"/> PTT	B	910B <input type="checkbox"/> VAGINAL GRP B SCREEN PROFILE	SW
54 <input type="checkbox"/> COMPREHENSIVE MET PANEL	Y	156 <input type="checkbox"/> LIPID PROFILE	Y	183244 <input type="checkbox"/> QUANTIFERON	Q	040 <input type="checkbox"/> VAGINITIS - PLUS	SW
120 <input type="checkbox"/> CREATININE SERUM	Y	(CHOL, HDL, LDL, TRIG)		703 <input type="checkbox"/> RF (RHEUMATOID FACTOR) QNT	Y	(CAND, BV, CT, GC, TV)	
804 <input type="checkbox"/> CRP	Y	144 <input type="checkbox"/> MAGNESIUM	Y	973 <input type="checkbox"/> RUBELLA IGG	Y	4343 <input type="checkbox"/> VARICELLA IGG	Y
955 <input type="checkbox"/> CRP HIGH SENSITIVE	Y	MMR <input type="checkbox"/> MMR (MUMPS, MEASLES, RUBELLA)	Y	895 <input type="checkbox"/> SICKLE CELL	L	303 <input type="checkbox"/> VITAMIN B12	Y
062002 <input type="checkbox"/> CT+GC+TV - RT PCR	U/SW	962 <input type="checkbox"/> PREGNANCY SERUM	Y	808 <input type="checkbox"/> STREP GROUP A W/REFLEX TO CULT	SW	VITADH <input type="checkbox"/> VITAMIN D	Y
		802 <input type="checkbox"/> PREGNANCY URINE	U	18 <input type="checkbox"/> TESTOSTERONE TOTAL	Y		

OTHER TESTS :

DIAGNOSIS CODES (✓)

ADDITIONAL DIAGNOSIS :

R10.9 <input type="checkbox"/> Abdominal Pain	R53.82 <input type="checkbox"/> Chronic Fatigue	R50.9 <input type="checkbox"/> Fever, NOS	N28.9 <input type="checkbox"/> Kidney Disorder, NOS	M06.9 <input type="checkbox"/> Rheumatoid Arthritis
J30.89 <input type="checkbox"/> Allergic Rhinitis, NEC	R56.9 <input type="checkbox"/> Convulsions, NOS	M79.7 <input type="checkbox"/> Fibromyalgia	M79.609 <input type="checkbox"/> Limb Pain, NOS	Z00.00 <input type="checkbox"/> Routine Adult Exam
D51.8 <input type="checkbox"/> Anemia, B12 Def	J44.9 <input type="checkbox"/> COPD, NOS	K29.70 <input type="checkbox"/> Gastritis w/o Bleeding	Z79.01 <input type="checkbox"/> Long Term Use Anticoag	Z00.129 <input type="checkbox"/> Routine Child Exam
D64.9 <input type="checkbox"/> Anemia, NOS	R05 <input type="checkbox"/> Cough	K21.9 <input type="checkbox"/> GERD	C61 <input type="checkbox"/> Malign Neopl Prostate	J01.90 <input type="checkbox"/> Sinusitis, NOS
M12.9 <input type="checkbox"/> Arthropathy, NOS	N30.00 <input type="checkbox"/> Cystitis	R51 <input type="checkbox"/> Headache	K52.9 <input type="checkbox"/> Noninf Gastroenterit, NOS	Z51.81 <input type="checkbox"/> TheraDrug Mon
J45.998 <input type="checkbox"/> Asthma, NOS	F32.9 <input type="checkbox"/> Depressive Dis	I50.9 <input type="checkbox"/> Heart Failure, NOS	E66.9 <input type="checkbox"/> Obesity, NOS	E07.9 <input type="checkbox"/> Thyroid Disorder, NOS
I25.10 <input type="checkbox"/> Athero Heart Disease	L25.9 <input type="checkbox"/> Dermatitis, NOS	R31.9 <input type="checkbox"/> Hematuria, NOS	M83.9 <input type="checkbox"/> Osteomalacia, NOS	E05.90 <input type="checkbox"/> Thyrotoxicosis, NOS
I48.91 <input type="checkbox"/> Atrial Fibrillation	E11.9 <input type="checkbox"/> Diabetes, Type II	K71.6 <input type="checkbox"/> Hepatitis, NOS	M81.0 <input type="checkbox"/> Osteoporosis, NOS	N34.2 <input type="checkbox"/> Urethritis, NEC
M54.5 <input type="checkbox"/> Back Pain, Lower	R19.7 <input type="checkbox"/> Diarrhea, NOS	E78.4 <input type="checkbox"/> Hyperlipidemia, NEC	I73.9 <input type="checkbox"/> Perip Vasc Dis, NOS	R35.0 <input type="checkbox"/> Urinary Frequency
M54.9 <input type="checkbox"/> Backache, NOS	R42 <input type="checkbox"/> Dizziness, NOS	I10 <input type="checkbox"/> Hypertension	J02.9 <input type="checkbox"/> Pharyngitis	N39.0 <input type="checkbox"/> UTI, NOS
N40.0 <input type="checkbox"/> BPH w/o Urinary LUTS	R30.0 <input type="checkbox"/> Dysuria	E03.9 <input type="checkbox"/> Hypothyroidism, NOS	Z33.1 <input type="checkbox"/> Pregnancy	N76.0 <input type="checkbox"/> Vaginitis
L03.90 <input type="checkbox"/> Cellulitis, NOS	R03.0 <input type="checkbox"/> Elev BP w/o HTN	G47.00 <input type="checkbox"/> Insomnia, NOS	Z01.812 <input type="checkbox"/> Preop Exam, NOS	Z20.2 <input type="checkbox"/> Venereal Dis Cont
R07.9 <input type="checkbox"/> Chest, NOS	R97.20 <input type="checkbox"/> Elevated PSA	N92.6 <input type="checkbox"/> Irregular Mens, NOS	N41.9 <input type="checkbox"/> Prostatitis, NOS	R53.1 <input type="checkbox"/> Weakness
				R63.4 <input type="checkbox"/> Weight Loss

FOR LAB USE ONLY

