



3501 Soncy, Suite 124
Amarillo, TX 79119-6045
(806) 358-1211
Fax 358-1014

PLEASE PRINT CLEARLY

LAST NAME		FIRST NAME		M.I.
RESPONSIBLE PARTY / PRIMARY INSURED				
ADDRESS				
CITY		STATE		ZIP
BIRTHDATE	SEX <input type="checkbox"/> M <input type="checkbox"/> F	PHONE	COLLECTION DATE	
PATIENT'S S.S. NO.			COLLECTION TIME	

ACCESSION LABEL

STAT 3820

TESTS REQUESTED BY

BILLING INFORMATION

PATIENT PHYSICIAN/FACILITY INSURANCE/THIRD PARTY

PRIMARY INSURANCE	SECONDARY INSURANCE
ID#	ID#
GROUP#	GROUP#
DIAGNOSIS IN ICD9/10 FORMAT	<input type="checkbox"/> HOSPICE <input type="checkbox"/> SKILLED

***MEDICARE PATIENTS MUST SIGN SEPARATE ADVANCE BENEFICIARY NOTICE (ABN) ATTACH TO REQUISITION**

DOCTOR'S NAME _____

Call Results to: () _____

Fax Results to: () _____

MEDICARE APPROVED PANELS	DIAGNOSTIC PROFILES	INDIVIDUAL TESTS	ALPHA FETO PROTEIN INFO	
1145 HEPATITIS PANEL S* <input type="checkbox"/>	4930 26/28 WEEK L,SST <input type="checkbox"/>	799 RPR S <input type="checkbox"/>	EST. DUE DATE: BY: LMP US LMP: US: CURRENT GESTATIONAL AGE: INSULIN DEPENDENT: YES NO MATERNAL WT: REPEAT TEST: YES NO TYPE: SINGLE TWINS OTHER RACE: CAU BLK OTHER NTD HISTORY:	
7633 BASIC METABOLIC PANEL S <input type="checkbox"/>	34 CARDIAC ROMI PANEL SST <input type="checkbox"/>	3393 TROPONIN I S or G <input type="checkbox"/>		
1424 COMPREHENSIVE METABOLIC PANEL S* <input type="checkbox"/>	7444 HYPOTHYROID PANEL S <input type="checkbox"/>	905 URIC ACID S <input type="checkbox"/>		
7102 ELECTROLYTES PANEL S* <input type="checkbox"/>	7573 IRON PANEL S <input type="checkbox"/>	5397 URINALYSIS <input type="checkbox"/>		
1422 HEPATIC FUNCTION PANEL S* <input type="checkbox"/>	4002 PRENATAL 3SST,R,L,U <input type="checkbox"/>	5397 URINALYSIS w/MICROSCOPIC <input type="checkbox"/>		
7600 LIPID PANEL S* <input type="checkbox"/>	INDIVIDUAL TESTS			
7401 OBSTETRIC PANEL 2L, 2S, R* <input type="checkbox"/>	243 AMYLASE S <input type="checkbox"/>	MICROBIOLOGY		
155 RENAL FUNCTION PANEL S* <input type="checkbox"/>	927 B12 S <input type="checkbox"/>	1401 SOURCE <input type="checkbox"/>		
THYROID TESTS		2244 BNP L <input type="checkbox"/>		
861 T-3 UPTAKE S <input type="checkbox"/>	243 AMYLASE S <input type="checkbox"/>	673 OCCULT BLOOD/STOOL <input type="checkbox"/>		
864 T-3, FREE S <input type="checkbox"/>	927 B12 S <input type="checkbox"/>	784 C DIFF TOXIN <input type="checkbox"/>		
867 T-4, TOTAL S <input type="checkbox"/>	2244 BNP L <input type="checkbox"/>	4554 CULTURE, AFB <input type="checkbox"/>		
866 T-4, FREE S <input type="checkbox"/>	978 CEA S* <input type="checkbox"/>	389 CULTURE, BLOOD <input type="checkbox"/>		
899 TSH S <input type="checkbox"/>	897 CK-MB G <input type="checkbox"/>	3968 CULTURE, FUNGAL <input type="checkbox"/>		
HEMATOLOGY		4488 CULTURE, WOUND <input type="checkbox"/>		
7998 HGB + HCT L <input type="checkbox"/>	496 GLYCOLATED HGB (A1C) L <input type="checkbox"/>	6649 CULTURE, STOOL <input type="checkbox"/>		
6399 CBC w/AUTO DIFF L <input type="checkbox"/>	5068 HIV ANTIBODY S* <input type="checkbox"/>	5617 CULTURE, STREP B <input type="checkbox"/>		
809 ESR L <input type="checkbox"/>	985 HOMOCYSTINE L <input type="checkbox"/>	4482 CULTURE, THROAT/RESP. <input type="checkbox"/>		
793 RETIC CT L <input type="checkbox"/>	571 IRON S <input type="checkbox"/>	395 CULTURE, URINE <input type="checkbox"/>		
COAGULATION		6804 CULTURE, VAG/GENITAL <input type="checkbox"/>		
8847 PROTIME/INR B <input type="checkbox"/>	606 LIPASE S <input type="checkbox"/>	6919 CHLAMYDIA/GC RNA <input type="checkbox"/>		
763 APTT B <input type="checkbox"/>	654 MONO TEST S <input type="checkbox"/>	2361 OVA & PARASITE ST <input type="checkbox"/>		
	1549 PREALBUMIN S <input type="checkbox"/>	ADDITIONAL TESTS _____		
	745 PROGESTERONE S <input type="checkbox"/>	_____		
	5363 PSA S <input type="checkbox"/>	_____		
	8396 QHCG S <input type="checkbox"/>	_____		
	4418 RA (RHEUMATOID FACTOR) S <input type="checkbox"/>	_____		

ORDERING PHYSICIAN'S SIGNATURE _____

Note: Please see back of Requisition for Profile components.