

Lab Express Portland, Inc.

A Doctor's General Laboratory Affiliate

PLEASE PRINT CLEARLY

DATE & TIME		PHONE#		CLIENT: REFERRING PHYSICIAN:
NAME: LAST		FIRST		
ADDRESS		CITY ZIP		
SEX	AGE	BIRTHDAY		

PLEASE COMPLETE ALL BILLING INFORMATION

SS#	BILL TO: <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> MC <input type="checkbox"/> BCBS <input type="checkbox"/> PA <input type="checkbox"/> INS <input type="checkbox"/> HMO	<input type="checkbox"/> INSURANCE ADDRESS:
DX ICD-9 CODE: 1.	<input type="checkbox"/> ID #:	
2.	<input type="checkbox"/> GROUP #:	

PANEL LIST	COLLECT	PANEL LIST	COLLECT
<input type="checkbox"/> GENERAL HEALTH PROFILE (12)		<input type="checkbox"/> KIDNEY CYSTITIS (3)	
CMP, TIBC, LIPID, T3, T4, CORTISOL, CBC, H-CRP, IRON, CRP, ASO, ESR, S CELL, URINALYSIS	L, R, URINE TUBE	CMP, LIPID, T3, T4, TSH, CORTISOL, CBC, ASO, H-CRP, MAGNESIUM, URINALYSIS, URINE CULTURE	L, R, URINE TUBE
<input type="checkbox"/> HYPERTENSION CARDIC PROFILE (1)		<input type="checkbox"/> ABD. PAIN/PANCREATITIS (4)	
CMP, LIPID, T3, T4, TSH, CORTISOL, CBC, H-CRP, MAGNESIUM, IRON, ESR, URINALYSIS	L, R, URINE TUBE	CMP, LIPID, T3, T4, AMYLASE, CBC, ASO, H-CRP, URINALYSIS, URINE CULTURE	L, R, URINE TUBE
<input type="checkbox"/> THYROID/OBESITY (2)		<input type="checkbox"/> ANEMIA PROFILE (10)	
CMP, LIPID, T3, T4, RIA, T4, CORTISOL, CBC, IRON, URINALYSIS	L, R, URINE TUBE	CMP, LIPID, T3, T4, TSH, TIBC, FERRITIN, CBC, ESR, IRON, SICKLE CELL, RETIC CT, URINALYSIS	L, R, URINE TUBE
<input type="checkbox"/> DIABETES PANEL (8)		<input type="checkbox"/> OB/PRENATAL (7)	
CMP, LIPID, T3, T4, TSH, GLYCOHEMOGLOBIN, CORTISOL, CBC, IRON, URINALYSIS	L, R, URINE TUBE	CMP RETIC CT, LIPID, T3, T4, TSH, TIBC, FERRITIN, ANTIBODY SCREEN, CBC, ABO, Rh, S, CELL, RPR, HBS AG, RUBELLA, IRON, URINALYSIS	L, R, URINE TUBE
<input type="checkbox"/> ARTHRITIS/COLLAGEN RHEUMATIC DISEASES (9)		<input type="checkbox"/> MENTRUAL DISORDER (13)	
CMP, LIPID, T3, T4, TSH, TIBC, CBC, ESR, ASO, ANA, H-CRP, RA, IRON, URINALYSIS	L, R, URINE TUBE	CMP, LIPID, T3, T4, TSH, T7, CBC., ESR, FSH, LH, IRON, URINALYSIS	L, R, URINE TUBE
<input type="checkbox"/> LIVER/ALCOHOLISM (6)		<input type="checkbox"/> SCHOOL PHYSICAL (5)	
CMP, LIPID, T4, TSH, AMYLASE, CBC, ESR, IRON, URINALYSIS	L, R, URINE TUBE	CMP, CBC, ESR, SICKLE CELL, IRON, URINALYSIS, LEAD	L, R, GREEN URINE TUBE

PLEASE COMPLETE ALL BILLING INFORMATION

350	ABO & Rh	(1L)	237	HDL Cholesterol	(1R)	152	Protein, Total	(1R)	915	ANEMIA (CBC, IRON, REFFITING, IRON SAT, TIBC, RETIC TC.)	(1R, 1L)
203	AFP (FILL SEP. SHEET)	(1R)	228	Hemoglobin Electrophoresis	(1L)	312	Prothrombin Time (PT)	(1B)	8192	ARTHRITIS PROFILEL ANA, ESRM RA U.ACID	(1R, 1L)
106	Alkaline Phosphate	(1R)	676	Hepatitis A Virus AB	(1R)	310	PTT (Partial Thrombo)	(1B)	8049	BASIC MET. PANEL (BMP)	(1R)
173	Amylase	(1R)	671	Hebatitis B Surf. AB	(1R)	699	PSA	(1R)	9065	CBC, CMP	(1R, 1L)
399	ANA	(1R)	670	Hepatitis B Surf. Antigen	(1R)	411	RA (Rheumatoid)	(1R)	9031	CMP, CBC, THYROID	(1R, 1L)
401	ASO	(1R)	538	Hepatitis C AB	(1R)	314	Reticulocyte Count	(1L)	9023	CMP, CBC, T4	(1R, 1L)
114	Bilirubin Tot.	(1R)	6606	Hepatitis Diag. Profile	(1R)	415	RPR	(1R)	9073	CMP, CBC, UA	(1R, 1L, UR)
116	BUN	(1R)	126	High Sensitive CRP	(1R)	414	Rubelia Antibody	(1R)	9099	CMP, LP, CBC, FTI, TSH, RPR, UA	(1R, 1L, UR)
117	Calcium	(1R)	417	HIV Antibody	(1R)	416	Rubecia ABS IGG	(1R)	9054	COMPREHENSIVE MET. PANEL (CMP)	(1R)
301	CBC	(1L)	470	H. Pylori	(1L)	319	Sedimentation Rate	(1L)	379	DRUG SCREEN OT AS PER REQUEST	(50ml, Urine)
211	CEA	(1R) or (1L)	174	Iron	(1R)	156	SGOT	(1R)	8051	ELECTROLYTES PANEL	
124	Cholesterol	(1R)	140	Iron Binding Capacity (T.I.B.C.)	(1R)	157	SGPT	(1R)	8074	HEPATITIS PL (Hep. A & C HbcAb, HbsAg.)	(2R)
625	Cortisol Level	(1R)	672	IGE	(1R)	316	Sickle Cell Screen	(1L)	1577	LIPID PROFILEL TRIG, CHOL, HDL, LDL	(1R)
125	CPK	(1R)	124	LDH	(1R)	158	Sodium	(1R)	9414	LIVER FUNCTION PROFILE	(1R)
127	Creatinine	(1R)	500	Lead Blood	(1L) or (1Gr)	668	T3 RIA	(1R)	9803	PRENATAL PROFILE	(1R, 1L)
278	Depakena/Valproic Acid	(1R)	307	LE Screen	(1R)	192	T3 Uptake	(1R)	8069	RENAL PANEL: BMP ALBUMN, PHOSPHOURS	(1R)
195	DHEA-S	(1R,1L)	145	Lithium	(1R)	166	T4 RIA	(1R)	9430	T3U, T4, TSH	(1R)
654	Digoxin	(1R)	665	Luteinizing Hormone (LH)	(1R)	507	Tegretol/ Carbamazepine	(1R)			
655	Ditatin	(1R)	146	Magnesium	(1R)	669	Testosterone	(1R,SF)			
247	Electrophoresis Serum	(1R)	409	Microalbumin	U	221	Theophylline	(1R)			
659	Ferritin	(1R)	408	Mono Test	(1R)	167	Triglyceride	(1R)	707	EAR CULTURE	712 SPUTUM CULTURE
660	Folic Acid	(1R,SF)	501	Pheobarbital	(1R)	663	TSH	(1R)	708	EYE CULTURE	713 STOOL CULTURE
661	FSH	(1R)	311	Platelet Count	(1L)	168	Uric Acid	(1R)	710	GC CULTURE	714 THROAT CULTURE
407	FTA-Abs	(1R)	150	Potassium	(1R)	171	Urinalysis	(UR)	744	GC/CHI. by DNA	733 HERPES CULTURE
135	Glucose, Fasting	(1GY)	150.1	Potassium Ur.	(UR)	652	Vancomycin (Peak)	(1R)	721	GRAM STAIN	715 URINE CULTURE
160	Glucose, 2 Hr. PP	(1GY)	605	Pregnancy (Blood)	(UR)	653	Vancomycin (Through)	(1R)	711	NASAL CULTURE	716 GENITAL CULTURE
273	Hb A1C	(1L)	605.1	Pregnancy (Urine)	(UR)	651	Vitamin B-12	(1R, SF)	723	OCCULT BLOOD STOOL	717 WOUND CULTURE
605	HCG Betas Subuniy Qual.	(1R)	246	Progesterone	(1R)				724	OVE & PARASITES	SOURCE
630	HCG Beta Subunit Quant.	(1R)	255	Proclatin	(1R)						

CULTURE & SENSITIVITY

707	EAR CULTURE	712	SPUTUM CULTURE
708	EYE CULTURE	713	STOOL CULTURE
710	GC CULTURE	714	THROAT CULTURE
744	GC/CHI. by DNA	733	HERPES CULTURE
721	GRAM STAIN	715	URINE CULTURE
711	NASAL CULTURE	716	GENITAL CULTURE
723	OCCULT BLOOD STOOL	717	WOUND CULTURE
724	OVE & PARASITES		SOURCE

HISTOLOGY & CYTOLOGY

ADDITIONAL TEST: _____ _____ _____	<input type="checkbox"/> BLUE <input type="checkbox"/> LAV. <input type="checkbox"/> URINE TUBE <input type="checkbox"/> PAP <input type="checkbox"/> GREEN <input type="checkbox"/> RED <input type="checkbox"/> URINE CUP <input type="checkbox"/> OTHER <input type="checkbox"/> GRAY <input type="checkbox"/> CULTURE <input type="checkbox"/> TH. CULTURE	806 <input type="checkbox"/> BIOPSY <input type="checkbox"/> PAP SMEAR SPECIFY SOURCE: _____ LMP: _____ AGE: _____ _____ Specify other information in "Comments" section below.
FOR LAB USE ONLY:		DOCTOR'S SIGNATURE