

Lab Express

An OAK CREST Laboratory Affiliate

LAB USE ONLY

BILLING INFORMATION:

PATIENT NAME - LAST		FIRST	MIDDLE INITIAL
SOCIAL SECURITY NO.		DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PATIENT / INSURED ADDRESS		PHONE NUMBER	
CITY		STATE	ZIP CODE
NAME OF INSURED		SS # OF INSURED	RELATIONSHIP TO PATIENT
BILL TO	<input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER INSURANCE		
MD SIGNATURE	DATE		(ATTACH COPY OF BOTH SIDES OF CARD)

CLINIC / FACILITY NAME	
PHONE	
FAX	
PRIMARY INS. NAME	
MEMBER ID	
SECONDARY INS. NAME	
MEMBER ID	

PLEASE WRITE PATIENT'S NAME ON ALL SPECIMENS		MD NAME	MD NPI	AM PM	DATE COLLECTED	COLLECTED BY
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INDIVIDUAL TESTS (✓)

TUBE KEY:	B-Blue	G-Grey	K-Kit	L-Lavender	R-Red	Y-Yellow	P-Pink	U-Urine	S/C-Sterile Cup	SW-Culture Swab	SST-Gold/Tiger Top
86900, 86901	ABO/Rh		P	82728		FERRITIN		SST	82570, 84156	PROTEIN/CREAT RATIO	U
82024	ACTH		L	82746		FOLIC ACID (FOLATE)		SST	85730	PTT	B
80074	ACUTE HEPATITIS PANEL		SST	84481		FREE T3		SST	86592	R.P.R.	SST
84075	ALK PHOSPHATASE		SST	84439		FREE T4		SST	80069	RENAL FUNCTION PANEL	SST
82150	AMYLASE		SST	83001		FSH		SST	80197	TACROLIMUS	L
86038	ANA		SST	82947		GLUCOSE (FASTING)		SST	86480	TB QUANTIFERON	K
80048	BMP		SST	83036		HBA1C		L	80156	TEGRETOL (CARBAMAZEPINE)	R
83880	BNP		L	84702		HCG-QUANTITATIVE		SST	84403	TESTOSTERONE (MALE)	SST
84520	BUN		SST	80076		HEPATIC FUNCTION PANEL		SST	84479	T3 UPTAKE	SST
86301	CA 19.9		SST	87389		HIV AG/AB		SST	84480	TOTAL T3	SST
86300	CA 27.29		SST	83090		HOMOCYSTINE		L	84436	TOTAL T4 (THYROXINE)	SST
86304	CA 125		SST	86677		H.PYLORI ANTIBODY		SST	80201	TOPAMAX (TOPIRAMATE)	R
82310	CALCIUM		SST	83090		HOMOCYSTINE		L	84478	TRIGLYCERIDES	SST
85025	CBC W/DIFF		L	80175		LAMICTAL		SST	84443	TSH	SST
87075	C-DIFF (STOOL)		S/C	83655		LEAD		L	84550	URIC ACID	SST
82378	CEA		SST	83002		LH		SST	81001	URINALYSIS W/REFLEX	U
80159	CLOZAPINE		R	83690		LIPASE		SST	87086	URINE CULTURE	U
80053	CMP		SST	80061		LIPID PANEL		SST	80164	VALPROIC ACID (DEPAKOTE)	SST
82533	CORTISOL		SST	80178		LITHIUM		SST	80202	VANCOMYCIN TROUGH	SST
82565	CREATININE		SST	83735		MAGNESIUM		SST	82607	VITAMIN B12	SST
86140	CRP (NON-CARDIAC)		SST	82043		MICROALBUMIN		U	82306	VITAMIN D 25 HYDROXY	SST
86141	CRP (HIGH SENSITIVITY)		SST	80184		PHENOBARBITAL		SST	87070, 87075, 87205	WOUND CULTURE	SW
80162	DIGOXIN		SST	84100		PHOSPHORUS		SST	<input type="checkbox"/> OTHER _____		
80185	DILANTIN		R	84132		POTASSIUM		SST	_____		
80051	ELECTROLYTES		SST	84153		PSA		SST	_____		
85652	ESR (SED RATE)		L	85610		PT/INR		B	_____		

DIAGNOSIS CODES (ICD 10)

<input type="checkbox"/> Abdominal Pain R10.9	<input type="checkbox"/> Cirrhosis of Liver K74.60	<input type="checkbox"/> Encounter for Pregnancy Test, Result Unknown Z32.00	<input type="checkbox"/> Hypothyroidism E03.9
<input type="checkbox"/> Abnormal Weight Gain R63.5	<input type="checkbox"/> Chronic Atrial Fibrillation I48.2	<input type="checkbox"/> Encounter for Other Preprocedural Examination Z01.818	<input type="checkbox"/> Hypokalemia E87.6
<input type="checkbox"/> Abnormal Weight Loss R63.4	<input type="checkbox"/> Chronic Embolism and Thrombosis of Unspecified Vein I82.91	<input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Colon Z12.12	<input type="checkbox"/> Kidney Transplant Status Z94.0
<input type="checkbox"/> Acute Embolism and Thrombosis of Unspecified Vein I82.90	<input type="checkbox"/> Chronic Kidney Disease N18.4	<input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Prostate Z12.5	<input type="checkbox"/> Liver Transplant Status Z94.4
<input type="checkbox"/> Acute Pancreatitis, Unspecified K85.9	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease, Unspecified J44.9	<input type="checkbox"/> Fatigue (Chronic) R53.82	<input type="checkbox"/> Liver Disease, Unspecified K76.9
<input type="checkbox"/> Acute Upper Respiratory Infection, Unspecified J06.9	<input type="checkbox"/> Congestive Heart Failure I50.40	<input type="checkbox"/> Fever R50.9	<input type="checkbox"/> Long term use of Anticoagulants Z79.01
<input type="checkbox"/> Allergy, Unspecified Initial Encounter T78.40xA	<input type="checkbox"/> Constipation, Unspecified K59.00	<input type="checkbox"/> Gastritis, Unspecified K29.7	<input type="checkbox"/> Long term use of other medications Z51.81
<input type="checkbox"/> Anemia D64.9	<input type="checkbox"/> Convulsions, Unspecified R56.9	<input type="checkbox"/> General Examination Z00.00	<input type="checkbox"/> Malaise R53.81
<input type="checkbox"/> Arthritis, Unspecified M13.89	<input type="checkbox"/> Crohn's Disease, Unspecified, Without Complications K50.90	<input type="checkbox"/> Gout, Unspecified M10.9	<input type="checkbox"/> Melena (blood in stool) K92.1
<input type="checkbox"/> Asthma J45.909	<input type="checkbox"/> Diabetes E11.9	<input type="checkbox"/> Headache R51	<input type="checkbox"/> Muscle Weakness (Generalized) M62.81
<input type="checkbox"/> Atrial Fibrillation, Unspecified I48.91	<input type="checkbox"/> Diarrhea, Unspecified R19.7	<input type="checkbox"/> Hematuria, Unspecified R31.9	<input type="checkbox"/> Nausea R11.0
<input type="checkbox"/> Autistic Disorder F84.0	<input type="checkbox"/> Decreased Libido R68.82	<input type="checkbox"/> Hepatitis Exposure Z20.5	<input type="checkbox"/> Obesity, Unspecified E66.9
<input type="checkbox"/> Anxiety Disorder, Unspecified F41.9	<input type="checkbox"/> Dehydration E86.0	<input type="checkbox"/> Hypercholesterolemia E78.0	<input type="checkbox"/> Osteoarthritis, Unspecified Site M19.90
<input type="checkbox"/> Bipolar Disorder, Unspecified F31.9	<input type="checkbox"/> Dysuria R30.0	<input type="checkbox"/> Hyperglycemia, Unspecified R73.9	<input type="checkbox"/> Urinary Tract Infection, Site Not Specified N39.0
<input type="checkbox"/> Cardiac Arrhythmia, Unspecified I49.9	<input type="checkbox"/> Edema, Unspecified R60.9	<input type="checkbox"/> Hyperkalemia E87.5	<input type="checkbox"/> Vomiting, Unspecified R11.10
<input type="checkbox"/> Cardiomyopathy I42.8	<input type="checkbox"/> Elevated Prostate Specific Antigen (PSA) R97.2	<input type="checkbox"/> Hypertension, Unspecified I10	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cellulitis, Unspecified L03.90	<input type="checkbox"/> Encounter for Routine Child Health Examination (Non Abnormal Findings) Z00.129	<input type="checkbox"/> Hypertension, Unspecified I10	_____
<input type="checkbox"/> Chest Pain, Unspecified R07.9		<input type="checkbox"/> Hyperthyroidism E05.9	_____