36REC / 30

GRELLET, CATHERINE A. N.D.
15251 NATIONAL AVE. #104
LOS GATOS, CA 95032

LabWest INC

PATIENT ID

MRN/CHART NO.

☐ STAT

PLEASE PRINT CLEARLY — **ALL INFORMATION MUST BE PROVIDED OR DOCTOR/CLIENT ACCOUNT WILL BE BILLED**

PATIENT'S NAME: LAST	FIRST	MI	SEX: ☐ MALE ☐ FEMALE	DATE OF BIRTH	☐ FASTING ☐ NON-FASTING	DATE COLLECTED	TIME COLLECTED: A.M. P.M.

PATIENT'S ADDRESS	APT.#	CITY	STATE	ZIP CODE	PATIENT'S PHONE NUMBER	SURGERY DATE

REFERRING PHYSICIAN NAME	PHYSICIAN TELEPHONE	
	(408)358-7360	☐ FAX to: ( ) – ☐ FAX to: ( ) – ☐ Phone results to: ( ) –

BILL TO: ☐ PATIENT ☐ CLIENT ☐ INS. ☐ MEDI-CAL ☐ MEDICARE ☐ IPA / HMO ☐ CASH

INSURANCE COMPANY / PPO	I.D. OR POLICY NO.	Send additional copy of report to:
		1. ( ) Physician's Name / Phone; Physician's Address; City, State, Zip — 2. ( ) Physician's Name / Phone; Physician's Address; City, State, Zip

RESPONSIBLE PARTY / POLICY HOLDER	RELATION	GROUP NO.	MEDICAL / MEDICARE NO.
	☐ Self ☐ Spouse ☐ Child ☐ Other		

I have read the AUTHORIZATION statement on the back of this requisition.

X _____ SIGNATURE OF PATIENT _____ DATE

PROFILES (Components on back)

TCODE		TEST	CPT #	SP
1369	☐	COMP METABOLIC (CMP)	80053	(S)
1353	☐	BASIC METABOLIC (BMP)	80048	(S)
1355	☐	ELECTROLYTES	80051	(S)
1413	☐	LIPID PROFILE*	80061	(S)
1163	☐	LIVER/HEPATIC FUNCTION	80076	(S)
1271	☐	RENAL FUNCTION PROFILE	80069	(S)
3676	☐	ACUTE HEPATITIS PROFILE*	80074	(2)(S)
1612	☐	PRENATAL PROFILE 2(S) 2(L)	80055	

HEMATOLOGY

1280	☐	ABO/RH BLOOD TYPE	86900 (1)	(L)
1281	☐	ANTIBODY SCREEN	86850	(L)
1371	☐	CBC W/DIFF. & PLTS*	85025	(L)
1185	☐	SEDRATE*	85652	(L)
1187	☐	HGB/HCT*	85014/85018	(L)
1181	☐	RETIC COUNT	85045	(L)

MICROBIOLOGY

SOURCE (REQUIRED)_____

1471	☐	BETA STREP (THROAT)	87081	(CS)
1489	☐	THROAT/RESPI CULT. W/REFLEX ID & SENSI+	87070	(CS)
1462	☐	URINE CULTURE W/REFLEX ID & SENSI*+	87086	(UR)
1547	☐	HERPES CULTURE W/REFLEX TO TYPING+	87255	(M4) (SW)
1490	☐	GENITAL B-STREP SCREEN	87081	(CS)
1491	☐	GENITAL CULT. (NO GC) W/REFLEX ID & SENSI+	87070	(CS)
1498	☐	GENITAL CULT. (W/GC SCREEN) W/REFLEX ID & SENSI+	87070/87081	(CS)
1211	☐	URINALYSIS (W/MICRO IF INDICATED)+	81003(1)	(UR)
1210	☐	HOLD UA FOR POS C&S		(UR)
1442	☐	CHLAMYDIA BY DNA – PCR	87491	(M4)
1441	☐	GC BY DNA – PCR	87591	(M4)
1492	☐	ROUTINE CULTURE W/REFLEX ID & SENSI+	87070	(CS)
1457	☐	OVA & PARASITES X_____	87177	(OP)
1459	☐	OCCULT BLOOD X*_____	82270	(OB)

INDIVIDUAL TESTS

1390	☐	AFP (NON-MATERNAL)*	82105	(S)
1060	☐	AMYLASE	82150	(S)
1015	☐	ALT/SGPT	84460	(S)
1311	☐	ANA (EIA)	86039	(S)
1014	☐	AST/SGOT	84450	(S)
1388	☐	B2 MICROGLOBULIN	82232	(S)
1032	☐	BETA CG/QUAL	84703	(S)
1054	☐	BETA CG/QUANT*	84702	(S)
1071	☐	BILIRUBIN, TOTAL & DIRECT	82247/82248	(S)
1004	☐	BUN	84520	(S)
1387	☐	CA 19-9*	86301	(S)

INDIVIDUAL TESTS

TCODE		TEST	CPT #	SP
1386	☐	CA 27.29*	86300	(S)
1367	☐	CA 125*	86304	(S)
1001	☐	CALCIUM	82310	(S)
1049	☐	CEA*	82378	(S)
1006	☐	CHOLESTEROL*	82465	(S)
1058	☐	CPK	82550	(S)
1016	☐	CREATININE	82565	(S)
1292	☐	CRP-HS	86141	(S)
1293	☐	CRP QNT	86140	(S)
1033	☐	DIGOXIN*	80162	(S)
1034	☐	DILANTIN (PHENYTOIN)	80185	(S)
1047	☐	ESTRADIOL (E2)	82670	(S)
1040	☐	FERRITIN*	82728	(S)
1164	☐	FIBRINOGEN	85384	(LB)
1041	☐	FOLATE	82746	(S)
1050	☐	FSH	83001	(S)
1393	☐	FREE T3	84481	(S)
1122	☐	FREE T4*	84439	(S)
1003	☐	GLUCOSE*	82947	(G)
1076	☐	HEMOGLOBIN A1c (eAG)*	83036	(L)
1079	☐	HDL*	83718	(S)
1325	☐	HEP A Ab, IGM	86709	(S)
1175	☐	HEP A TOTAL Ab	86708	(S)
1135	☐	HEP B CORE Ab, IGM	86705	(S)
1321	☐	HEP B SURFACE Ab QNT	86706	(S)
1320	☐	HEP B SURFACE Ag W/REFLEX CONFIRMATION+	87340	(S)
1391	☐	HEP C Ab+	86803	(S)
6518	☐	HIV 1/2 (Ab)* W/REFLEX CONFIRMATION+	86703	(S)
1272	☐	HOMOCYSTEINE	83090	(S)
1051	☐	LH	83002	(S)
1018	☐	IRON*	83540	(S)
1021	☐	POTASSIUM	84132	(S)
1053	☐	PROGESTERONE	84144	(S)
1052	☐	PROLACTIN	84146	(S)
1136	☐	PROTEIN ELEC. (SPEP) W/REFLEX CONSULT+	84165	(S)
1092	☐	PSA SCREEN*	84153	(S)
1201	☐	PT*	85610	(LB)
1202	☐	PTT*	85730	(LB)
1290	☐	RHEUMATOID FACTOR QUAL	86430	(S)
1286	☐	RPR QUAL W/REFLEX QUANT+	86592	(S)
1031	☐	T-3 TOTAL	84480	(S)
1027	☐	T-3 UPTAKE*	84479	(S)
1028	☐	T-4*	84436	(S)
1038	☐	TEGRETOL (CARBAMAZEPINE)	80156	(S)
1288	☐	T. PALLIDUM IGG W/REFLEX RPR QUAL+	86317	(S)
1044	☐	TESTOSTERONE	84403	(S)
1019	☐	TRIGLYCERIDES*	84478	(S)
1030	☐	TSH (3rd Gen)*	84443	(S)
1005	☐	URIC ACID	84550	(S)
1042	☐	VITAMIN B-12	82607	(S)
1341	☐	VITAMIN D, 25-HYDROXY	82307	(S)

DX/ICD9/SYMPTOMS (REQUIRED)

OTHER REQUESTS

(*)LIMITED TEST COVERAGE
ICD-9 OR ABN REQ'D
~~(+) MAIL RESULTS TO PATIENT~~

[] 1413 LIPIDS*
[] L294 REVERSE T3
[] L005 VAP CHOLESTEROL*
[] 1341 VITAMIN D(25-HYDROXY)
[] 1122 FREE T4*
[] 1027 T3 UPTAKE*
[] 1163 HEPATIC FUNCTION
[] 1280 ABO/RH BLOOD TYPE

[] 3705 CUSTOM PROFILE INCLUDES:
ATA,TPO
[] 1787 IRON PROFILE INCLUDES:
IRON*,FERRITIN*,IBC*
[] 4327 CUSTOM PROFILE INCLUDES:
HSV-1&2 DNA PCR (THIN PREP)
[] 4405 CUSTOM PROFILE INCLUDES:
TSH-3RD GEN*,T3 TOTAL,FREE T4*,
TPO,ATA
[] 3458 PCOS PROFILE INCLUDES:
DHEA-S,F&T TESTOS
[] RHEUMATOID GROUP INCLUDES:
1672 CCP IGG AB
1951 CUSTOM PROFILE INCLUDES:
ESR,ANA BY EIA,RA QUAL

QA CHECK (LAB USE ONLY)

DRAWN BY	1ST QA	2ND QA

When ordering tests for which Medicare reimbursement will be sought, only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

*LIMITED COVERAGE TEST MEDICAL NECESSITY, ICD-9 OR ABN REQUIRED

+REFLEX TESTING PERFORMED AT AN ADDITIONAL CHARGE.

Did you remember to include a diagnosis?

(G) GREY | (L) LAVENDER | (LB) LIGHT BLUE | (R) SERUM: RED TOP | (S) SST | (UR) URINE | (CS) CULTURE SWAB | (M4) M4 | (ST) STOOL | MISC.

BILLING AND COMPLIANCE INFORMATION ON BACK OF THIS REQUISITION • REMEMBER TO INCLUDE A DIAGNOSIS