

Referring Provider: _____

Address: _____

Phone: _____ Email: _____ Fax: _____

From (Name): _____ Date: _____ #Pages or MM ID: _____

Patient Name: _____ DOB: _____ Date Of Service: _____

Service Address: _____ City: _____ State: _____ Zip: _____

Sex: M F Phone: _____ Mobile: _____

Location Type: Residence / Home RCFE / Facility Other: _____

Insurance: _____ Type: _____ Acct#: _____

Result To: Ordering Physician Other Provider Other
Fax: _____ Fax: _____ Fax: _____

SERVICE TYPE

Routine

STAT Resulting (not all test apply)

Fasting

Patient to be drawn at home / facility and meets the homebound criteria.

Courier Service for non-laboratory specimen collection: (\$65.00)

Standing Order: Monthly Weekly Daily Other: _____ Start - End Date: _____

SELECT ALL TESTS THAT APPLY

Collection Date: _____ Time: _____ Tech Int: _____

CHEMISTRY PANELS

Anemia Panel (CBCw/Diff, Ret, Iron Pnl)
BMP (BUN, Ca, Cl, CO2, Creat, Glu, K, Na)
CMP (BMP + Alb, ALP, ALT, AST, TBil, Prot)
Lipid Panel (Trig, LDL, Dir, LDL, VLDL, HDL, Chol)
Iron Panel (Iron, Ferritin, %Sat, TIBC)
Hepatic Fxn (GGT, ALT, AST, ALP, Bilirubin, Prot, Alb)
Renal Fxn (BUN, Cre, Na/K, Ph, Glu, Cl, CO2, CA)
Thyroid Panel (TSHw, FT3, TT3, FT4)

COAGULATION STUDIES

PT/INR (Venipuncture)
PTT (Partial Thromboplastin Time)

GENERAL TESTS

Ammonia (frozen to lab)
BNP NT-pro-BNP
BUN (Blood Urea Nitrogen)
Calcium
CBC w/ Auto-Diff + Platelets
CBC w/ Reflex to Man Diff + Plts
Chloride
Cholesterol
CK (Creatine Kinase)

GENERAL TESTS (cont)

CRP CRP(hs)
ESR (Sed Rate)
Ferritin
Folate
Glucose
Hemoglobin A1c
Iron
Magnesium
Microalbumin w/ Creat Ratio
Phosphorus
Prealbumin
Potassium
Protein (Total)
PSA, Total Free
PTH-Intact
Sodium
Testosterone, Total Free
TSH FT3 TT3 FT4 TT4
Uric Acid
Vitamin B12 w/Folate
Vitamin D 25-OH, Total

RESPIRATORY PANELS

COVID-19 + Flu A/B + RSV (PCR)
Respiratory Panel (PCR) (Bact + Viral)

STI / VAGINAL PANELS
STI Panel (PCR) (urine)
STI Panel (PCR) (penile or vaginal)
Vaginitis Panel (PCR) (vaginal)

STOOL PANELS

GI Panel (PCR)
C. Diff Tox A/B
FOBT
O&P

URINE PANELS

Urinalysis (UA) Microscopy
UA / Reflex to C&S Panel (Mic+PCR)
UA / Reflex to UTI+AST Panel (PCR)
Drug Panel 12 (Urine)

WOUND PANEL

Wound Panel (PCR) (ID+Resist)

NURSE SKILLED SERVICE

Catheter Collection
(Available with UTI/C&S Panels)
Urethral Swab Collection
(Available with UTI/ Panel)
Stool Swab Collection
(Available w/ GI Panel)
Wound Swab Collection
(Available w/ Wound Panel)

ICD-10 CODES

Please enter all codes that apply:

OTHER TESTS/ICD-10

Ordering Physician Approves this order and has a NurseDx Acct (If you do not have a NurseDx Acct, please sign and return this order form ASAP)

Ordering Physician: _____ Signature: _____ NPI# _____