

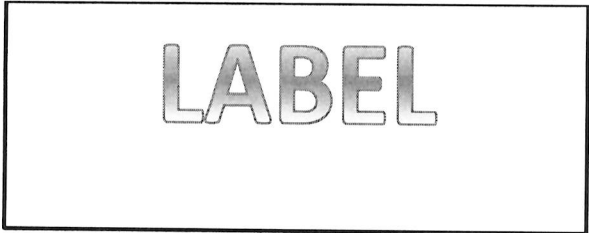
KSB HOSPITAL- LABORATORY ORDER REQUISITION

PATIENT NAME: \_\_\_\_\_

Loc/Room#/Bed: \_\_\_\_\_ DOB: \_\_\_\_\_

FASTING:  YES  NO  MALE  FEMALE

DATE COLLECTED: \_\_\_\_\_ TIME: \_\_\_\_\_ FAX RESULTS \_\_\_\_\_



✓	Description	CPT	✓	Description	CPT	✓	Description	CPT
	ALKALINE PHOSPHATASE	84075		GGT	82977		PTT	85730
	ALT (SGPT)	84460		GLUCOSE	82947		RA	86430
	AMYLASE	82150		GLUCOSE - 2 HR. PP	82950		RAPID STREP	87880 QW
	ANA	86038		GLUCOSE TOLER - 2 HR.	82951		RETIC	85044
	AST (SGOT)	84450		GLUCOSE TOLER - 3 HR.	89252x		RPR	86592
	B 12	82607		H. PYLORI QUAL	86677		RUBELLA	86762
	BILIRUBIN - DIRECT	82248		HBSAB	86706		SED RATE	85651
	BILIRUBIN - TOTAL	82247		HBSAG	87340		SODIUM	84295
	BNP	63880		HEPATITIS C AB	86803		TEGRETOL/CARBAMAZEPINE	80156
	BUN	84520		HEPATITIS ACUTE PROFILE	80074		TESTOSTERONE-TOTAL	84403
	CALCIUM	82310		HEMOGLOBIN A1C	83036		T4 FREE	84439
	CARDIAC PANEL	84484/82550		HEMOGLOBIN/HEMATOCRIT	85018/85014		TSH	84443
	CBC	85025		HEMOGRAM	85027		UA-DIPSTICK ONLY	81003
	BMP	80048		INFLUENZA A&B	87804x2		UA - ONLY	81001
	CMP	80053		IRON/IRON BINDING	83540/83550		UA WITH REFLEX TO CULTURE	81001/87086
	CHLAMYDIA/GC	87491/87591		LH	83002		URIC ACID	84550
	CHOLESTEROL	82465		KOH	87210		URINE CULTURE	87086
	CPK	82550		LIPID PROFILE	80061		VANCO LEVEL	80202
	CREATININE CLEARANCE	82575		LITHIUM	80178		VANCO TROUGH	80202
	CREATININE SERUM	82565		LIVER PANEL	80076		VENIPUNCTURE	G0001/36415
	CULTURE-BLOOD	87040		LYME DISEASE AB	86618		WET MOUNT	87210
	CULTURE-STOOL	87045/87046		MONO TEST	86308			
	CULTURE-THROAT COMPLETE	87077/87070		MYCOPLASMA AB	86738			
	CULTURE-THROAT/NOSE-STREP	87077/87070		OCCULT BLOOD - DIAG.	82270			
	CULTURE-OTHER (SPECIFY)			OVA & PARASITES	87177/88313			
	DIGOXIN	80162		POTASSIUM	84132			
	ELECTROLYTES	80051		PROTEIN-24 HOUR, URINE	84156			
	FERRITIN	82728		PT/INR	85610			
	FOLATE	82746		PSA MONITORING	84153			
	FSH	83001		PSA SCREENING	G0103			

**OTHER (Specify)**  
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 \_\_\_\_\_  
 \_\_\_\_\_

**Indicate The diagnoses**

R79.89	Abnormal blood chemistry	F03.90	Dementia, senile	L08.9	Infection, skin andcutaneous tissue
E87.2	Acidosis	E86.0	Dehydration	Z79.01	Long term use anticoagulants
G30.9	Alzheimer's disease	F32.9	Depression	R11.2	Nausea and Vomiting
D64.9	Anemia, unspecified	E10.9	Diabetes type 1 controlled	M19.90	Osteoarthritis
D50.9	Anemia, iron deficiency	E11.9	Diabetes type II controlled	M81.0	Osteoporosis
I20.9	Angina	E11.65-w	Diabetes type II uncontrolled	G20	Parkinson's disease
I49.9	Arrhythmia	R19.7	Diarrhea	J18.9	Pneumonia
M25.50	Arthralgia / Joint pain	R30.0	Dysuria	N18.9	Renal disease, chronic
M12.9	Arthritis	R50.9	Fever	M06.9	Rheumatoid arthritis
I48.91	Atrial fibrilation	M10.9	Gout	M54.30	Sciatica
J45.909	Asthma	R73.09	Hyperglycemia	F20.89	Schizoaffective disorder
E53.8	B12 deficiency	E78.5	Hyperlipidemia	R55	Syncope
F31.9	Bipolar disorder, NOS	E05.90	Hyperthyroidism	N39.0	Urinary tract infection (UTI)
I50.9	Congestive heart failure	B20	Human immunodeficiency virus	R63.4	Weight loss, abnormal
R56.9	Convulsions NOS	I10	Hypertension, malignant		Diagnosis not Listed:
J44.9	COPD	I10	Hypertension, unspecified		
I25.10	Coronary Artery Disease	I95.9	Hypotension		
I67.89	CVA, ill defined	E03.9	Hypothyroidism		

<b>BILL TO</b>	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Public aid insurance No. _____	<b>MEDICARE #</b>
	<input type="checkbox"/> Patient Insurance	<input type="checkbox"/> Private insurance No. _____	

PHYSICIAN'S NAME PRINTED \_\_\_\_\_

PHYSICIAN SIGNATURE (REQUIRED): \_\_\_\_\_ DATE: \_\_\_\_\_