OUTPATIENT LABORATORY REQUISITION FORM

NOTICE: Bills will be submitted for payment to Medicare, Medicaid, all other governmental programs, and third party payors based upon the diagnostic information provided by the treating physician.

Western Medical Center
Anaheim
Texet California

1025 S. Anaheim Blvd.
Anaheim, CA 92805
(714) 563-2810

CLIENT ID:	CLIENT NAME:	REQUESTING PHYSICIAN:
CLIENT PHONE:		PHYSICIAN PHONE:
PATIENT NAME: Last Name First MI	SEX	DATE OF BIRTH
PT OR ACCT ID	LOCATION	SS# / HIC #

___Routine
___ASAP
___STAT
___Call _____
___Fax _____

BILL TO:
___Patient
___Client Account
___Medicare
___Other 3rd Party

Responsible Party's Last Name First Initial Relationship Phone

Address

Insurance Co. Name / Coverage (Attach Copy of Card) Ins. Phone

Insurance Co. Address

Certificate # / Pol. # / Group # / Medicare # / Medi-Cal ID # DOB

Employer Date of Injury if Workers Comp. ICD-9-Code

Medicare regulations require the tests to be medically necessary for the diagnosis and treatment of the patient to qualify for reimbursement from the program. The physician must be treating the patient in connection with the diagnoses or complaints listed and this information must accurately reflect the medical reasons for requesting these tests. The medical necessity of each test ordered on this requisition must be documented in the patient's medical record. Tests ordered for the purpose of screening, or which the physician believes to be appropriate even if the payor may not allow reimbursement, may not be billed to Medicare except for the purpose of receiving a denial. An Advance Beneficiary Notice (ABN) must be signed by the beneficiary or authorized person indicating his/her willingness to assume financial responsibility for the testing.
General Instructions: Please provide diagnostic information in the form of a valid ICD-9CM code or a complete narrative diagnoses that are documented in the patient's medical record.

ICD-9CM or Narrative Diagnosis

1. _____
3. _____

ICD-9CM or Narrative Diagnosis

2. _____
4. _____

DATE TO BE DRAWN			TIME TO BE DRAWN	STATUS	DATE DRAWN			TIME DRAWN	DRAWN BY
MO.	DAY	YEAR	: am/pm	☐ FASTING ☐ NON-FASTING	MO.	DAY	YEAR	: am/pm	

PROFILES:	Screening	Tests?
ELECTROLYTE PANEL	**(80051)**	☐
Sodium	84295	☐
Potassium	84132	☐
Chloride	82435	☐
CO2	82374	☐
BASIC METABOLIC PANEL	**(80048)**	☐
Calcium	82310	☐
CO2	82374	☐
Chloride	82435	☐
Creatinine	82565	☐
Glucose	82947	☐
Potassium	84132	☐
Sodium	84295	☐
BUN	84520	☐
HEPATIC FUNCTION PANEL	**(80076)**	☐
Albumin	82040	☐
Bilirubin, Total	82247	☐
Bilirubin, Direct	82248	☐
Phosphatase, Alkaline	84075	☐
Protein, Total	84155	☐
ALT/ SGPT	84460	☐
AST/SGOT	84450	☐
COMP. METABOLIC PANEL	**(80053)**	☐
Albumin	82040	☐
Bilirubin, Total	82250	☐
Calcium	82310	☐
CO2	82374	☐
Chloride	82435	☐
Creatinine	82565	☐
Glucose	82947	☐
Phosphatase, Alkaline	84075	☐
Potassium	84132	☐
Protein, Total	84155	☐
Sodium	84295	☐
ALT/SGPT	84460	☐
AST/SGOT	84450	☐
BUN	84520	☐
LIPID PANEL	**(80061)**	☐
Cholesterol	82465	☐
Triglycerides	84478	☐
HDL Direct Meas	83718	☐

PROFILES:	Screening	Tests?
ACUTE HEPATITIS PANEL	**(80074)**	☐
Hep A Ab (HAAb) IgM	86709	☐
Hep B core Ab (HbcAb), IgM	86705	☐
Hep B surface Ag (HBsAg)	87340	☐
Hep C Ab	86803	☐
OB PANEL	**(80055)**	☐
CBC	85025	☐
HBSAG	87340	☐
Rubella	86762	☐
RPR	86592	☐
ABO/RH	86900/86901	☐
ABSCR	86850	☐
MICROBIOLOGY:		
Culture, blood	87040	☐
Culture, stool	87045	☐
Culture, urine w/cc	87086	☐
Culture, other	87070	☐
Source _____		
Bacterial ID Aerobe each isolate	87077	☐
Sensitivity each plate	87186	☐
Occult Blood	82270	☐
Ova and Parasites	87177	☐
Chlamydia/GC Probe	87490/87590	☐
THYROID TESTS:		
Thyroxine (T4), Total	84436	☐
T3 Uptake	84479	☐
T3 Total	84480	☐
TSH	84443	☐
Free T3	84481	☐
Free T4	84439	☐
HEMATOLOGY / COAG / URINE		
CBC w/auto diff	85025	☐
Sed Rate	85651	☐
Platelets	85595	☐
Preg Test, Urine	84703	☐
Pro Time	85610	☐
PTT	85730	☐
Reticulocytes	85044	☐
UA w/micro	81001	☐
UA, Reflex to Micro	81003	☐

PROFILES:	Screening	Tests?
CHEMISTRY:		
Albumin	82040	☐
Alk. Phos	84075	☐
Amylase	82150	☐
Bili, direct	82248	☐
Bili, total	82247	☐
BUN	84520	☐
Calcium	82310	☐
Cholesterol	82465	☐
CK total	82550	☐
CKMB	82563	☐
Creatinine	82565	☐
Cyclosporin	80158	☐
Ferritin	82728	☐
Folate	82746	☐
Glucose _____ hr.	82947	☐
Hgb AIC	83036	☐
IBC	83550	☐
Iron	83540	☐
LD total	83615	☐
Magnesium	83735	☐
PSA	84153	☐
SGOT (AST)	84450	☐
SGPT (ALT)	84460	☐
Tacrolimus	80197	☐
Triglycerides	84478	☐
Troponin	84484	☐
Uric Acid	84550	☐
Vitamin B12	82607	☐
IMMUNOLOGY / SEROLOGY:		
CRP	86140	☐
Hep B Surface Ag (HBsAg)	87340	☐
Hep B Surface Ab	86706	☐
Hep C Ab	86803	☐
HIV Ab Sc	86701	☐
Mono Test	86308	☐
RPR	86592	☐
RA	86430	☐
HCG, QUANT	84702	☐
Rapid Strep A	87081	☐
OTHER: _____		

___Phlebotomy G0001

Physician or Office Representative Signature