

Phone: 989-772-6776  
 Fax: 989-772-6869  
 Outpatient Hours: 24/7 by appointment  
 Walk-in hours: 7:00 a.m. – 7:00 p.m. Mon. – Fri.  
 7:00 a.m. – 3:00 p.m. Sat.

- STAT ORDER**  
 **ADD-ON ORDER**  
 **A STANDING ORDER**  
 Frequency: \_\_\_\_\_  
 **Fasting Required (10 – 12 Hrs)**

<b>Patient Name (Last)</b> _____		<b>First</b> _____		<b>MI</b> _____	
<b>Birthdate (M/D/Y)</b> _____	<b>Age</b> _____	<input type="checkbox"/> Male	<b>Clinic:</b> _____	<b>Date to be done:</b> _____	
		<input type="checkbox"/> Female			
<b>Physician Fax:</b> _____		<b>Physician Phone:</b> _____		<b>Physician Name (Print):</b> _____	

**Physician Signature (Required):** \_\_\_\_\_

**Please attach copies of insurance and driver's license.**

**Collection date/time:** \_\_\_\_\_ **Collected by:** \_\_\_\_\_

**Medicare Guidelines** require ordering only those tests determined as medically necessary for the diagnosis or treatment of an illness or injury.

**A diagnosis must be included for each test ordered.**

<input type="checkbox"/> Abdominal Pain (R10.9)	<input type="checkbox"/> Cough (R05)	<input type="checkbox"/> Gout (M10.9)	<input type="checkbox"/> Pneumonia (J18.9)
<input type="checkbox"/> Abnormal Liver Function (R94.5)	<input type="checkbox"/> CVA (Z86.73)	<input type="checkbox"/> High Risk Med (Z79.899)	<input type="checkbox"/> Pregnancy (Z34.90)
<input type="checkbox"/> Anemia, Unspecified (D64.9)	<input type="checkbox"/> DVT/Deep Vein Thrombosis (I82.409)	<input type="checkbox"/> Hyperglycemia (R73.9)	<input type="checkbox"/> Prostate Screening Mal Neoplasm (Z12.5)
<input type="checkbox"/> Anti-Coagulant Therapy (Z79.01)	<input type="checkbox"/> Diabetes, Type II (E11.9)	<input type="checkbox"/> Hypercholesterolemia (E78.00)	<input type="checkbox"/> Renal Failure, Unspecified (N17.9)
<input type="checkbox"/> Arthritis (M13.80)	<input type="checkbox"/> Dyspnea (R06.00)	<input type="checkbox"/> Hyperlipidemia (E78.5)	<input type="checkbox"/> Screening (Z00.00)
<input type="checkbox"/> Asthma (J45.909)	<input type="checkbox"/> Dysuria (R30.0)	<input type="checkbox"/> Hypertension, NOS (I10)	<input type="checkbox"/> Seizure (G40.89)
<input type="checkbox"/> Atrial Fibrillation (I48.91)	<input type="checkbox"/> ED (N52.9)	<input type="checkbox"/> Hypothyroidism (E03.9)	<input type="checkbox"/> Shortness of Breath (R06.02)
<input type="checkbox"/> Cardiac Arrhythmia (I49.9)	<input type="checkbox"/> Edema (R60.9)	<input type="checkbox"/> Influenza (J11.89)	<input type="checkbox"/> Upper Respiratory Infection (J06.9)
<input type="checkbox"/> Chest Pain (R07.9)	<input type="checkbox"/> Fatigue and Malaise (R53.83)	<input type="checkbox"/> Iron Deficiency Anemia (D50.9)	<input type="checkbox"/> Urinary Tract Infection (N39.0)
<input type="checkbox"/> CHF, Unspecified (I50.9)	<input type="checkbox"/> GERD (K21.9)	<input type="checkbox"/> Myalgia (M79.10)	<input type="checkbox"/> Vitamin D Deficiency (E55.9)
<input type="checkbox"/> Chronic Kidney Disorder (N18.9)	<b>Additional Diagnoses:</b> _____		
<input type="checkbox"/> COPD (J44.9)			
<input type="checkbox"/> Coronary Atherosclerosis (I25.10)			

**Test Requests**

Chemistry Profiles	General Testing (Continued)	Hematology	Microbiology
<input type="checkbox"/> Electrolyte Panel	<input type="checkbox"/> Pregnancy, Serum	<input type="checkbox"/> CBC with Differential	<input type="checkbox"/> General
<input type="checkbox"/> Basic Metabolic Panel (BMP)	<input type="checkbox"/> Pro-BNP (NT)	<input type="checkbox"/> CBC no Diff.	<input type="checkbox"/> AFB Culture
<input type="checkbox"/> Comprehensive Metabolic Panel (CMP)	<input type="checkbox"/> PSA	<input type="checkbox"/> Hemoglobin	<input type="checkbox"/> Aerobic Culture
<input type="checkbox"/> Lipid Panel (fasting required)	<input type="checkbox"/> Screening <input type="checkbox"/> Diagnostic	<input type="checkbox"/> Hematocrit	<input type="checkbox"/> Anaerobic Culture
<input type="checkbox"/> Renal Function Panel	<input type="checkbox"/> Total Protein	<input type="checkbox"/> Platelet Count	<input type="checkbox"/> Gram Stain
<input type="checkbox"/> Liver Function Panel	<input type="checkbox"/> Triglycerides (fasting required)	<input type="checkbox"/> Reticulocyte Count	<input type="checkbox"/> KOH Prep
<b>Chemistry</b>	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Sedimentation Rate (Westergren)	<input type="checkbox"/> Fungus Culture
<input type="checkbox"/> Thyroid Testing	<input type="checkbox"/> Vitamin B1 (Thiamine)	<input type="checkbox"/> Smear Review by Pathologist	<input type="checkbox"/> Comprehensive Virus PCR (non-genital)
<input type="checkbox"/> T4 Free	<input type="checkbox"/> Vitamin B2 (Riboflavin)	<b>Coagulation</b>	<input type="checkbox"/> MRSA Screen
<input type="checkbox"/> T4 Total	<input type="checkbox"/> Vitamin B6 (Pyridoxine)	<input type="checkbox"/> Prottime/INR (PT)	<b>Must specify source for any cultures above:</b>
<input type="checkbox"/> TSH (high sensitive)	<input type="checkbox"/> Vitamin B12	<input type="checkbox"/> aPTT	
<input type="checkbox"/> TSH (high sensitive) w/reflex T4 Free	<input type="checkbox"/> Vitamin D 25-OH (D2 and D3)	<input type="checkbox"/> Fibrinogen	<input type="checkbox"/> Blood Culture (x2 on adult)
<input type="checkbox"/> T3 Total	<b>Therapeutic Drugs</b>	<input type="checkbox"/> D-Dimer	<b>Respiratory</b>
<input type="checkbox"/> General Testing	<input type="checkbox"/> Carbamazepine	<input type="checkbox"/> Platelet Function Test	<input type="checkbox"/> Influenza A and B
<input type="checkbox"/> Albumin	<input type="checkbox"/> Digoxin	<b>Serology</b>	<input type="checkbox"/> RSV
<input type="checkbox"/> Alkaline Phosphatase (ALP)	<input type="checkbox"/> Gentamicin	<input type="checkbox"/> If the screen is positive, further testing may be performed	<input type="checkbox"/> Rapid Strep (Group A)
<input type="checkbox"/> ALT (SGPT)	<input type="checkbox"/> Lithium	<input type="checkbox"/> Acute Hepatitis Screen	<input type="checkbox"/> Sputum Culture
<input type="checkbox"/> Amylase, Serum	<input type="checkbox"/> Phenobarbital	<input type="checkbox"/> Hepatitis A IgM	<input type="checkbox"/> Throat Culture
<input type="checkbox"/> AST (SGOT)	<input type="checkbox"/> Phenytoin	<input type="checkbox"/> Hepatitis B Core IgM	<input type="checkbox"/> Strep Screen Culture (Group A)
<input type="checkbox"/> BHCG, Quantitative	<input type="checkbox"/> Theophylline	<input type="checkbox"/> Hepatitis B Surface Antigen	<input type="checkbox"/> B.pertussis PCR
<input type="checkbox"/> Bilirubin, Total	<input type="checkbox"/> Tobramycin	<input type="checkbox"/> Hepatitis C Antibody	<b>Genital</b>
<input type="checkbox"/> Bilirubin, Direct	<input type="checkbox"/> Valproic Acid	<input type="checkbox"/> ANA	<input type="checkbox"/> Affirm Probe (Trich/Yeast/Gard)
<input type="checkbox"/> BUN	<input type="checkbox"/> Vancomycin	<input type="checkbox"/> Hepatitis B Surface Antibody	<input type="checkbox"/> Chlamydia PCR source: _____
<input type="checkbox"/> CA125	<input type="checkbox"/> Time Given: _____	<input type="checkbox"/> HIV 1 and 2 (include consent)	<input type="checkbox"/> Gonorrhea PCR source: _____
<input type="checkbox"/> Calcium	<b>Hormone Levels</b>	<input type="checkbox"/> H. pylori Breath Test	<input type="checkbox"/> Vaginal Culture
<input type="checkbox"/> CEA	<input type="checkbox"/> Estradiol	<input type="checkbox"/> Mono Screen (Heterophile Ab)	<input type="checkbox"/> Strep Screen Culture (Group B)
<input type="checkbox"/> Cholesterol (fasting required)	<input type="checkbox"/> FSH	<input type="checkbox"/> RA Screen	<input type="checkbox"/> Herpes Simplex PCR
<input type="checkbox"/> CK	<input type="checkbox"/> LH	<input type="checkbox"/> Rubella Screen	<b>Stool</b>
<input type="checkbox"/> Creatinine	<input type="checkbox"/> Prolactin	<input type="checkbox"/> Treponemal Antibody	<input type="checkbox"/> Stool Culture
<input type="checkbox"/> CRP	<input type="checkbox"/> Progesterone	<b>Prenatal Screening</b>	<input type="checkbox"/> Lactoferrin (WBC)
<input type="checkbox"/> CRP, High Sensitive	<input type="checkbox"/> DHEAS	<input type="checkbox"/> CBC with differential	<input type="checkbox"/> Cryptosporidium Antigen
<input type="checkbox"/> Ferritin	<input type="checkbox"/> Testosterone, Total	<input type="checkbox"/> RPR	<input type="checkbox"/> Giardia Antigen
<input type="checkbox"/> Folate	<input type="checkbox"/> Testosterone, Free	<input type="checkbox"/> Rubella Screen	<input type="checkbox"/> C. difficile PCR
<input type="checkbox"/> Glucose	<b>Chemistry Urine</b>	<input type="checkbox"/> Hepatitis B Surface Antigen	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> Random	<input type="checkbox"/> Creatinine Clearance	<input type="checkbox"/> ABO/Rh Type	<input type="checkbox"/> Ova and Parasite (O&P)
<input type="checkbox"/> Fasting	<input type="checkbox"/> Patient height: _____ weight: _____	<input type="checkbox"/> Antibody Screen	<b>Fecal Occult Blood</b>
<input type="checkbox"/> 2 Hour P.P.	<input type="checkbox"/> Creatinine, Urine 24 Hr.	<input type="checkbox"/> Gonorrhea PCR	<input type="checkbox"/> Diagnostic immuno FOB
<input type="checkbox"/> Glucose Tolerance	<input type="checkbox"/> Microalbumin, Random	<input type="checkbox"/> Chlamydia PCR	<input type="checkbox"/> Screening immuno FOB
<input type="checkbox"/> 2 Hour <input type="checkbox"/> 3 Hour	<input type="checkbox"/> Protein, Urine 24 Hr.	<input type="checkbox"/> Glucose O'Sullivan	<input type="checkbox"/> Hemocult Card
<input type="checkbox"/> GGT	<b>Blood Bank</b>	<input type="checkbox"/> HIV 1 and 2 (include consent)	<b>Urinalysis</b>
<input type="checkbox"/> Glycohemoglobin (Hgb A1C)	<input type="checkbox"/> ABO/Rh Type	<input type="checkbox"/> Quad Test (special form)	<input type="checkbox"/> Urinalysis
<input type="checkbox"/> Ionized Calcium	<input type="checkbox"/> Antibody Screen	<input type="checkbox"/> Serum Integrated Test (special form)	<input type="checkbox"/> Urine Dipstick Only
<input type="checkbox"/> Iron	<input type="checkbox"/> Antibody Titer	<input type="checkbox"/> Full Integrated Test (special form)	<input type="checkbox"/> Urinalysis with Culture If Indicated
<input type="checkbox"/> Iron Binding Capacity	<input type="checkbox"/> DAT	<input type="checkbox"/> AFP, maternal (special form)	<b>Specimen Source</b>
<input type="checkbox"/> LDH	<input type="checkbox"/> FMH Screen	<input type="checkbox"/> Fetal Fibronectin	<input type="checkbox"/> CCMS <input type="checkbox"/> CYSTO <input type="checkbox"/> FOLEY
<input type="checkbox"/> Lipase	<input type="checkbox"/> Crossmatch for _____ Units		<input type="checkbox"/> CATH <input type="checkbox"/> ILEO <input type="checkbox"/> Other _____
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Rh Immune Globulin (RhoGam)		<input type="checkbox"/> Urine Culture
<input type="checkbox"/> Phosphorus			
<input type="checkbox"/> Prealbumin			

Additional Tests:



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