SPRINGS MEDICAL LAB

2200 EAST PARRISH AVENUE
BUILDING H, SUITE 102
OWENSBORO, KY 42303

SPRINGSLAB.COM

270.683.7991

270.683.8471

PATIENT & TEST INFORMATION

PATIENT NAME (Last, First, Middle Initial)

DATE OF BIRTH / /

☐ Fasting
☐ Non-fasting

SEX ☐ M ☐ F

SOCIAL SECURITY #

COLLECTION DATE / /

COLLECT TIME AM PM

HALL / ROOM INFORMATION

ACCOUNT INFORMATION

*Facility Name: _____

*Physician's Full Name: _____

STAT ☐

NOTES:

Bill to: ☐ Account/Patient ☐ Insurance ☐ Medicare ☐ Medicaid Ins #: _____

ICD-10 DIAGNOSIS CODES

Limited Coverage tests/panels (MLCT) require an ICD code. Advance Beneficiary Notice required if condition not covered by applicable ICD code.

___ Abdominal Pain Unspecified (R10.9)
___ Anemia Unspecified (D50.9)
___ Arrhythmia (I49.9)
___ Arthritis/General (M12.9)
___ ASHD (I25.10)
___ Atrial Fibrillation (I48.91)
___ BPH (N41.9)
___ Cellulitis (L03.90)
___ Chest Pain (R07.9)
___ Congestive Heart Fail. (I50.9)
___ COPD (J44.9)
___ Cough (R05)
___ Coumadin Therapy (Z79.01)
___ CVA-Stroke (I67.89)
___ Depression (F32.9)
___ Dehydration (E86.0)
___ Diabetes, Type I (E10.9)
___ Diabetes, Type II (E11.9)
___ Diarrhea (R19.7)
___ Dizziness/Vertigo (R42)
___ Dysuria (R30.0)
___ Fatigue (R53.83)
___ Fever (R50.2)
___ Hypercholesterolemia (E78.0)
___ Hyperlipidemia (E78.5)
___ Hypertension (I10)
___ Hyperthyroid (E05.90)
___ Hypothyroidism (E03.9)
___ Monitoring Meds (Z79.899)
___ Nausea with vomiting (R11.2)
___ Palpitations (R00.2)
___ Pneumonia (J18.8)
___ PSA Elevation (R97.2)
___ Renal Failure (N19)
___ Seizure Disorder (R56.9)
___ Shortness of breath (R06.02)
___ Urinary tract infection (N39.0)
___ Vitamin D Deficiency (E55.9)
___ Other _____
___ Other _____
___ Other _____
___ Other _____
___ Other _____
___ Other _____

ORGAN / DISEASE PANELS

___ Basic Metabolic Panel (BMP)
___ Comp. Metabolic Panel (CMP)
___ Electrolyte Panel (LYTES)
___ Hepatic Function Panel (LIV)
___ Lipid Panel (LIP)
___ Renal Panel (RENAL)

THYROID TESTING

___ T3 Uptake (T3)
___ Free T3 (FT3)
___ T4, Total (T4)
___ Free T4 (FT4)
___ TSH (TSH)

HEMATOLOGY & COAGULATION

___ CBC w/ Diff. (CBC)
___ Hemoglobin (HGB)
___ Hemoglobin/Hematocrit (HH)
___ Hematocrit (HCT)
___ Platelet Count (PLT)
___ Protime / INR (PT)
___ PTT (PTT)
___ Sed. Rate (WSR)
___ WBC (WBC)

THERAPEUTIC DRUGS

___ Carbamazapine/Tegretol (TEG)
___ Digoxin (DIG)
___ Dilantin (DIL)
___ Lithium (LI)
___ Phenobarbitol (PHE)
___ Valproic Acid (Depakote) (DEP)

URINE TESTING

___ Drug Abuse Test (12 Panel) (DOA12)
___ Microalbumin (MA)
___ UA (UA) - Collect. Method: _____
___ Urine Culture and Sensitivity (UC)

IMMUNO. TESTING

___ BHCG Pregnancy Qualitative (BHCG)
___ BHCG Quantitative (QBHCG)
___ CRP (CRP)
___ Flu A & B Screen (FLU)
___ Hep. B Surface Ag (HBSAG)
___ Hep. B Surface Ab (Immunity) (HPSAB)
___ HIV Screen (HIV)
___ H. Pylori (HPYLORI)
___ Mono Test (MONO)
___ Rapid Strep Screen (STREP)
___ RPR Screen (RPR)
___ Rubella (Immunity) (RUB)

MISCELLANEOUS TESTING

___ Albumin (ALB)
___ Alk. Phos. (AP)
___ ALT (SGPT) (ALT)
___ Ammonia, Plasma (AMM)
___ Amylase (AMY)
___ AST (SGOT) (AST)
___ Bilirubin, Direct (DBILI)
___ Bilirubin, Total (TBILI)
___ Blood Culture (BC)
___ BUN (BUN)
___ BNP (BNP)
___ C-Diff (CDIFF)
___ Cholesterol (CHOL)
___ CK Total (CK)
___ CK-MB (CKMB)
___ Creatinine (CREA)
___ DHEAS (DHEAS)
___ Estradiol (EST)
___ Ferritin (FER)
___ Folate (FOL)
___ FSH (FSH)
___ LH (LH)
___ GGT (GGT)
___ Glucose (GLU)
___ HDL Cholesterol (HDL)
___ Hemoglobin A1C (A1C)
___ Iron (FE)
___ Iron, TIBC w/ % Sat. (IRONIBC)
___ LDH (LDH)
___ Lipase (LIPA)
___ Magnesium (MG)
___ Occult Blood (OB)
___ Ova + Parasite Exam (OP)
___ Potassium (K)
___ Prealbumin (PALB)
___ Protein, Total (TP)
___ Protein + CreatU (PCU)
___ PSA, Total (PSA)
___ Sputum (Lower Respiratory Cult.) (SPC)
___ Stool Culture (STC)
___ Testosterone, Total (TEST)
___ Thin PREP PAP (TPP)
___ Triglycerides (TRIG)
___ Troponin (TRO)
___ Vancomycin Peak (VANP)
___ Vancomycin Trough (VANT)
___ Uric Acid (URIC)
___ Vitamin B12 (B12)
___ Vitamin D (VD)
___ Wound Culture (WC)

PANELS

___ Arthritis Panel
(ESSR, CRP, ANA, Uric Acid, RF)

OTHER TESTS:

For Medicare patients, please select only tests which are medically necessary for the diagnosis or treatment of the patient.

I hereby authorize the Springs Medical Lab or any associated reference lab to perform laboratory services on the above patient. I am an authorized medical provider.

☐ MD ☐ DO ☐ NP ☐ PA Signature (required)	DATE	Entered by	Verified by	For office use only: Accession #