

Please Attach Copy of Insurance Card-Front & Back

Patient Name, (Last, First, Middle) Full Legal Name		Date Collected	Ordering Health Care Provider: First & Last name & address:	
			Rebecca de la Torre, M.D. ^x	
Sex	Date of Birth	Patient SS #	Time Collected	
<input type="checkbox"/> M <input type="checkbox"/> F			AM PM	
Street Address		Primary Care Physician or Supervising Physician:		Copies Sent To: Include First & Last Name
City, State Zip Code				
Patient Phone #		Alternate Phone #		Required: Diagnosis/ICD 9 Codes
				627.2 780.79
BILL TO: <input type="checkbox"/> Doctor's Office <input type="checkbox"/> Patient <input type="checkbox"/> Medicare/Medicaid <input type="checkbox"/> Insurance				PVHS USE ONLY <input type="checkbox"/> PVH <input type="checkbox"/> MCR
Patient Relationship to Responsible Party <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other				
Responsible Party (Insured) Name (Last, First, M) if other than patient		MSP Questions Asked		Insurance Verification: _____
Responsible Party SS#		Responsible Party (Insured) Employer		By: _____ Date: _____ ABN Attached: _____

When ordering tests for which Medicare reimbursement will be sought, Physicians (or other individuals authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

STAT URGENT Routine
 Office will access results on-Line — No need to call or fax
 Phone Results to: Name: _____ Phone# _____
 Fax Results to: Name: Rebecca de la Torre, M.D. Fax# 970 669-5348

PANELS

- | | |
|---|--|
| <input type="checkbox"/> Basic Metabolic Panel.....BMP
CA, CO ₂ , CL, CR, GLUC, K, NA, BUN | <input type="checkbox"/> Acute Hepatitis Panel.....HEP
Hep B Surf Ag, Hep C Ab, Hep B Core Ab IgM, Hep Ab IgM |
| <input type="checkbox"/> Comprehensive Metabolic Panel.....CMP
ALB, Alk Phos, AST (SGOT), ALT (SGPT), T.Bili, TP
CA, CO ₂ , CL, CR, GLUC, K, NA, BUN | <input type="checkbox"/> Lipid Panel.....LIP
Fasting 12-14 hours.....
CHOL, HDL, TRIG, Calculated LDL, Cardiac Risk Factors/Ratios
When triglycerides are > 400 a direct measure LDL will be performed. |
| <input type="checkbox"/> Electrolyte Panel.....LYTE
CO ₂ , CL, K,NA | <input type="checkbox"/> Obstetric Panel.....OBP
CBC, HBSAg, Rubella, RPR, AB Screen, ABO/Rh |
| <input type="checkbox"/> Hepatic Function Panel.....LIVER
ALB, Alk Phos, AST (SGOT), ALT (SGPT), T.Bili, D. Bili, TP | <input type="checkbox"/> Renal Function Panel.....RENAL
CA, CO ₂ , CL, CR, GLUC, K, NA, BUN, PHOS, ALB |

INDIVIDUAL TESTS

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Cholesterol.....CHOL | <input type="checkbox"/> Hepatitis B Surf Ab.....HEBSAB | <input type="checkbox"/> Rheumatoid Factor.....RA |
| <input type="checkbox"/> A1c (Glycohemoglobin).....A1C | <input type="checkbox"/> Cortisol AM.....CORTAM | <input type="checkbox"/> Hepatitis B Surf Ag.....HBSAG | <input type="checkbox"/> Rubella.....RUBE |
| <input type="checkbox"/> Albumin.....ALBU | <input type="checkbox"/> Cortisol PM.....CORTPM | <input type="checkbox"/> Hepatitis C Ab.....HECAB | <input type="checkbox"/> Rubeola.....RUBEO |
| <input type="checkbox"/> Alk Phosphatase.....ALPH | <input type="checkbox"/> Cortisol with Stimulation..CORTST | <input type="checkbox"/> HIV (Consent Required).....HIVS | <input type="checkbox"/> Sodium.....NA |
| <input type="checkbox"/> ALT (SGPT).....SGPT | <input type="checkbox"/> CPK.....CPK | <input type="checkbox"/> IgE.....IGE | <input type="checkbox"/> Sweat Test.....SWCL
(Lemay Campus, Call 495-8715 to Schedule) |
| <input type="checkbox"/> Ammonia...collect at Lemay Campus..AMMO | <input type="checkbox"/> Creatinine.....CR | <input type="checkbox"/> Insulin.....INSU | <input type="checkbox"/> T3, Free.....FT3 |
| <input type="checkbox"/> Amylase.....AMYL | <input type="checkbox"/> Creatinine Clearance.....CRCL | <input type="checkbox"/> Iron.....IRON | <input type="checkbox"/> T3, Uptake.....T3UPTAKE |
| <input type="checkbox"/> ANA Titer.....ANA | <input type="checkbox"/> CRP, Inflammatory.....CRP | <input type="checkbox"/> LDH.....LDH | <input type="checkbox"/> T4, Free.....FT4 |
| <input type="checkbox"/> ANA Reflex to Profile if pos..ANAR | <input type="checkbox"/> CRPhs, Cardiac.....HSCRCP | <input type="checkbox"/> LDL, Direct Measure.....LDLD | <input type="checkbox"/> Tegretol (Carbamazepine)...TEGR |
| <input type="checkbox"/> Antibody Screen.....ABSC | <input type="checkbox"/> Digoxin (Lanoxin).....DIG | <input type="checkbox"/> Lithium.....LITH | <input checked="" type="checkbox"/> Testosterone, Total Only.....TEST |
| <input type="checkbox"/> ASO.....ASO | <input type="checkbox"/> Dilantin (Phenytoin).....DILA | <input type="checkbox"/> Luteinizing Hormone.....LH | <input type="checkbox"/> Testosterone, Total & Free.....TESTFR |
| <input type="checkbox"/> AST (SGOT).....SGOT | <input type="checkbox"/> ESR (Sedrate).....ESR | <input type="checkbox"/> Magnesium.....MAGN | <input type="checkbox"/> Theophylline (Aminophylline).....THEO |
| <input type="checkbox"/> B2 Microglobulin.....B2M | <input checked="" type="checkbox"/> Estradiol.....ESTR | <input type="checkbox"/> Microalbumin Profile.....MAP | <input type="checkbox"/> Total Protein.....TP |
| <input type="checkbox"/> B12.....B12 | <input type="checkbox"/> Estrogen.....EST | <input type="checkbox"/> Microalbumin, 24 hour.....MA24 | <input type="checkbox"/> Total Protein, 24-hour Urine...TPU |
| <input type="checkbox"/> Bilirubin, Direct.....DIBI | <input type="checkbox"/> Ferritin.....FERR | <input type="checkbox"/> Mono Screen.....MONO | <input type="checkbox"/> Triglycerides.....TRIG |
| <input type="checkbox"/> Bilirubin, Total.....TOBI | <input type="checkbox"/> Folic Acid.....FOAC | <input type="checkbox"/> Phosphorus.....PHOS | <input checked="" type="checkbox"/> TSH.....TSH |
| <input type="checkbox"/> Bleeding Time.....BLTI | <input checked="" type="checkbox"/> FSH.....FSH | <input type="checkbox"/> Potassium.....K | <input type="checkbox"/> UA, Complete.....UAB
(Dip Stick & Microscopic) |
| <input type="checkbox"/> Blood Type (ABO/Rh).....ABO | <input type="checkbox"/> GGT.....GGT | <input checked="" type="checkbox"/> Progesterone.....PROG | <input type="checkbox"/> UA, Microscopic.....UAMI |
| <input type="checkbox"/> BUN.....BUN | <input type="checkbox"/> Glucose (fasting 12-14 hrs.).....GLUC | <input type="checkbox"/> Prolactin.....PROL | <input type="checkbox"/> UA, Routine.....UA |
| <input type="checkbox"/> CA125.....CA125 | <input type="checkbox"/> Glucose 2 hr. Post Pran..GLUCPP | <input type="checkbox"/> Protine, INR.....PTI | <input type="checkbox"/> UA, Reflex to Culture if Indicated.....UAC |
| <input type="checkbox"/> CA15-3.....CA153 | <input type="checkbox"/> Glucose Tolerance.....GTT__HR
Call 495-8750 to schedule appt. | <input type="checkbox"/> PSA.....PSA | <input type="checkbox"/> Uric Acid.....URAC |
| <input type="checkbox"/> Calcium.....CA | <input type="checkbox"/> Glucose 50 gm glucola given..GLUC 50 | <input type="checkbox"/> PSA Screen.....PSAS | <input type="checkbox"/> Urine, Culture.....CUUR |
| <input type="checkbox"/> Carbon Dioxide.....CO ₂ | <input type="checkbox"/> HCG, Serum Quant.....HCGQN | <input type="checkbox"/> PTH C Intact & CA.....PTHI | <input type="checkbox"/> Urine, Culture.....CUUR |
| <input type="checkbox"/> CBC with Diff.....CBC | <input type="checkbox"/> HCG, Serum Qual.....PREG | <input type="checkbox"/> PTH C-Term & CA.....PTHC | <input type="checkbox"/> Valproic Acid (Depakene)....VALP |
| <input type="checkbox"/> CEA.....CEA | <input type="checkbox"/> HCG, Tumor Marker.....HCGON | <input type="checkbox"/> PTT.....PTT | <input type="checkbox"/> Vancomycin Peak.....VANCP |
| <input type="checkbox"/> Chloride.....CL | <input type="checkbox"/> HCG, Urine Qual.....PREGU | <input type="checkbox"/> Retic Count.....RETIC | <input type="checkbox"/> Vancomycin Valley.....VANCV |
| | <input type="checkbox"/> Hematocrit.....HCT | <input type="checkbox"/> Rapid Plasma Reagin.....RST | <input type="checkbox"/> Vancomycin Random.....VANCR |

