



McKenzie-Willamette

MEDICAL CENTER

1460 G Street Springfield, OR 97477

LAB REQUISITION FORM

Fax: 541-744-6084

Phone: 541-726-4429

ROUTINE ASAP STAT

PATIENT/PROVIDER
INFORMATION

Date: _____ Time: _____ Call to: _____ Fax to: _____

Ordering Physician: _____ Copies to Physicians(s): _____

Date Collected: _____ Time Collected: _____ Collected by: _____

Standing Order: _____ Begin Date: _____ End Date: _____ Comments: _____

Patient Name: _____ Sex: Male Female DOB: _____ ID: _____

Patient Address: _____ City: _____ State: __ Zip: _____ Code: _____

Patient Phone: _____ Additional Phone: _____

Medicare will pay only for tests that meet the Medicare Coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Medicare does not pay for the tests which documentation, including the patient record, does not support that the tests were reasonable and necessary. Medicare generally does not cover routine screening tests even if the physician or other authorized test prescriber considers the tests appropriate for the patient. For payments likely to be denied by Medicare and explanation has been given to the patient who has agreed to pay for the tests personally by signing the attached Advanced Beneficiary Notice (ABN).

Physician/Prescriber Signature: _____ Date: _____

General Instructions: All order for clinical laboratory tests must include a statement of the medical reason for each test. The diagnosis (es) listed below must be linked with the test(s) ordered by noting the number of the diagnosis in the space next to the test ordered. Please provide an ICD-9 code and/or narrative diagnostic information for each ordered test.

- 1. _____ ICD-9 CM Code _____
- 2. _____ ICD-9 CM Code _____
- 3. _____ ICD-9 CM Code _____
- 4. _____ ICD-9 CM Code _____

LABORATORY TEST ORDER

✓	ICD-9 CODE	CPT CODE	PANELS	✓	ICD-9 CODE	CPT CODE	CHEMISTRY	✓	ICD-9 CODE	CPT CODE	HEMATOLOGY
		80051	Electrolytes Panel			82150	Amylase			85025	CBC WITH Auto Differential
		80048	Basic Metabolic Panel			86038	ANA			85027	CBC w/out Auto/Man Diff.
		80053	Comprehensive Metabolic Panel			83880	BNP			85007	CBC w/
		80074	Acute Hepatitis Panel			82550	CPK			85027	Manual Differential
		80076	Hepatic Function Panel			82575	Creatinine Clearance			85014	Hematocrit
		80061	Lipid Panel			86140	CRP			85018	Hemoglobin
		80069	Renal Function Panel			82977	GGT			85044	Retic Count
		82374	Carbon Dioxide			84302	HCG, Quantitative			85651	Sedimentation Rate
		82435	Chloride			83036	Hemoglobin A1C			TOXICOLOGY	
		84132	Potassium			G0433	HIV-1 ELISA (Rapid)			Last Dose Date: _____	
		84295	Sodium			83540	Iron			Last Dose Time: _____	
		84520	BUN			83735	Magnesium			80152	Amitriptyline
		82310	Calcium			83690	Lipase			80162	Digoxin
		82565	Creatinine			82043	Microalbumin/ Creatinine Ratio, Urine			80186	Dilantin (Phenytoin), Free
		82947	Glucose			82570	Protein, Total 24 hr Urine			80185	Dilantin (Phenytoin), Total
		82040	Albumin			84158	PSA Free & Total			80178	Lithium
		84075	Alkaline Phosphatase			84154	PSA Total			80184	Phenobarbital
		84450	AST/SGOT			84153	T4, Free			80156	Tegretol (Carbamazepine)
		84460	ALT/ASGPT			84153	T4, Total			80198	Theophylline
		82248	Bilirubin, Direct			84439	Testosterone, Total			80164	Valproic Acid
		82247	Bilirubin, Total			84436	TSH			MICROBIOLOGY	
		83718	Cholesterol, HCL			84403	Uric Acid, Blood			87324	C. Difficile Toxin
		82465	Cholesterol, Total			84443	Vitamin B12			87040	Culture, Blood
		84100	Phosphorus			82607	Vitamin D-3, 25—OH			87070	Culture, Sputum
		84155	Protein, Total			84550	Prothrombin Time (PT)			87070	Culture, Throat
		84475	Triglycerides			82306	Thromboplastin, Time (APTT)			87045	Culture, Stool (INCL. CAMPYLOBACTER & E. COLI)
		86709	Hepatitis A Ab, IgM							87046 x 2	Culture, Urine <input type="checkbox"/> Clean <input type="checkbox"/> Cath
		86705	Hepatitis B Core Ab							87086	Culture, Wound Source: _____
		87340	Hepatitis B Surface Ag							87070	Culture, Wound Source: _____
		86803	Hepatitis C AB							87081	Strep A Presumptive Cult
										87880	Strep Pneumo Ag
										URINALYSIS	
										81003	Urinalysis w/o Micro
										81001	Urinalysis Complete

If ordering PT or PTT, please answer the question below:
IS PATIENT ON AN ANTI-COAG? YES, PT on _____ NO

SEROLOGY

- 86592 RPR
- 84703 Pregnancy Test, Serum
- 86430 RA
- 86592 RPR