**Bill to:**
- Patient
- Facility
- Physician
- Other (Specify) ________________________________________

**Relationship to patient:**
- Self
- Other (Name and Address) __________________________________________

**Insurance:**
- Medicare
- Part A
- Part B
- Medi-Cal
- Commercial
- Other _________________

Please attach copy of insurance card if appropriate

**Collect Date:**
**Collect Time:**
- Fasting – Last Meal:
- Last Drug Dose–Date:

**Test** | **CPT Code** | **Test** | **CPT Code** | **Test** | **CPT Code**
--- | --- | --- | --- | --- | ---
Comp Metabolic | 80053 | PSA (Random anytime following up on Prostatic disease) | 84153 | Digoxin | 80162
Basic Metabolic | 80048 | Urinalysis Screen (Dipstick) | 81003 | Urinalysis Screen (Dipstick) w/ reflex to Microscopic and Culture, if indicated | 81001
CBC w/ Auto Diff | 85025 | Urinalysis Screen (Dipstick) AND Microscopic Exam | 81001 | PSA Screen (>50 yrs, annual) | G0103
Sed Rate (Auto) Westergren | 85652 | Hemogram | 85027 | PT / INR | 85610
Hemogram | 85027 | Lipid Panel (fasting) | 80061 | PTT (APTT) | 85730
Liver Function Panel | 80076 | Urinalysis Screen (Dipstick) w/ reflex to Microscopic | 81001 | Cholesterol | 82465
C-Reactive Protein, HS | 86141 | TIBC (Fe,Transferin,%Sat) | 83540 | Urine Culture | 87086
Glucose | 82947 | 84439 | Potassium (K) | 84466 | 84439 | Dilantin | 80185
Hemoglobin A1C | 83036 | HIV 1/2 Ag & Ab Scrn w/rfx | 87086 | Free T4 | 84439
TSH | 84443 | Potassium (K) | 84132 | 84443 | 80185

**ICD-10 Diagnosis:**

**Tests are:**
- Routine
- STAT
- Urgent
- Standing Order
- Fasting (Water OK)
- Non Fasting
- Call Results
- Fax Results

(Print Ordering Physician Information Here)

**Authorizing Signature:**
- Date: ________________________________________

**Copied To:**
- FIRST AND LAST NAME REQUIRED

**Specimen / Quantity:**
- Red /Gold _______ Lt Green _______
- Blue _______ Dark Green _______ Lav _______ Pink _______
- Grey _______ Urine _______ Stool _______ GC/CHL _______
- Other __________________ ACCESSION LABEL

**Collector Code:**

**Workload Codes:**

**Double Checked Initials:**

Community Hospital of the Monterey Peninsula*