



PATIENT REFERRAL / FAX IN / ADD ON

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LABORATORY SERVICES

Phone: (831) 625-4811 Fax: (831) 625-4793
J. T. Keating, MD C. L. Hansen, MD D. L. Gardner, MD

Patient Name: REQUIRED Sex: REQUIRED Date Of Birth: REQUIRED Social Security Number:

Bill To: Patient Facility Physician Other (Specify) Insurance: Medicare Part A Part B Medi-Cal Commercial Other

Ordering Physician / Facility / Clinic (Print): REQUIRED Physician Phone: Physician Fax:

Authorizing Signature: REQUIRED Date: REQUIRED

Order Status: For Standing Orders: Please Indicate Order Priority: Frequency: Duration: (Max 1 Year) One Time Order Add-On Test: Collection Date Of Original Specimen? Date: Standing Order (See Next Column) Fasting Non Fasting Routine Urgent Stat Phone ASAP To: Fax ASAP To:

FOR ADD-ON TESTING: SPECIMEN STABILITY IS OPTIMAL UP TO 48 HOURS

Table with 4 columns: TEST, ICD-10 DIAGNOSIS REQUIRED, TEST, ICD-10 DIAGNOSIS REQUIRED. Rows include various lab tests like Comp Metabolic Panel, Basic Metabolic Panel, CBC w/ Auto Diff, Sed Rate (ESR) Westergren, Retic, Hemoglobin A1C, Lipid Panel (fasting), Liver Function Panel, UA Complete, PT / INR, PTT (APPT), TIBC (Fe, Transferin, %Sat), Ferritin, TSH, Free T4, ANA, Rheumatoid Factor, Uric Acid, HIV 1&2 AB Screen, C-Reactive Protein, HS, BNP.

- LAB USE ONLY -

Patient MRN :

Area Of Service:

COMPLIANCE IS FEDERALLY MANDATED AND REGULATED

NOTE TO PHYSICIANS AND PERSONS LEGALLY AUTHORIZED TO ORDER LAB TESTS: All lab tests for which reimbursement from federally-funded health care programs (Medicare & Medi-Cal) will be sought, must be medically necessary for the diagnosis or treatment of a patient. Medicare generally does not pay for routine screening tests even if the physician considers the tests appropriate for the patient. For the lab to bill properly and receive payment for tests you have ordered on Medicare and Medi-Cal beneficiaries, the specific ICD-10 or narrative diagnosis (es) must be indicated for each test ordered. It is critical that the diagnosis (es) provided to the lab is (are) consistent with those recorded in the patients' medical record on the date of service. For any tests ordered that might not be covered on a Medicare or Medi-Cal beneficiary, please complete the form "ABN" - Patient Acknowledgement of Non-Covered Services.

FAX-IN / ADD ON REQUISITION

921010 / 7503 (01/16)