

700 W. MARKET ST.
ATHENS, AL 35611

Athens-Limestone Hospital Laboratory Services

PHONE: 256-233-9131
FAX: 256-233-9455

Client/Location Code: _____

Physician Signature _____
Physician's Signature REQUIRED on ALL Orders

SECTION A PATIENT IDENTIFICATION

PATIENT NAME (LAST, FIRST, MIDDLE) _____

SEX _____ DATE OF BIRTH _____ SOCIAL SECURITY # _____

ACCT. NO. _____ DATE DRAWN _____ TIME DRAWN _____ COLLECTED BY _____

STAT ROUTINE FASTING

SECTION C DEMOGRAPHIC

PATIENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

PATIENT EMPLOYER _____

MARITAL STATUS: _____

GUARANTOR (IF OTHER THAN PATIENT - INCLUDE ADDRESS) _____

SECTION B BILLING INSTRUCTIONS

Bill My Account **Contract Code** _____

Bill Patient or Insurance If checked, provide Diagnosis _____

Diagnosis/Codes: _____

Complete Section C Below or Provide Copy of Insurance Information

INSURANCE INFORMATION

INSURED NAME _____ SOCIAL SECURITY NUMBER _____

INSURED RELATION TO PATIENT SELF MOTHER FATHER SPOUSE

COMMERCIAL INSURANCE _____ BC/BS

POLICY #: _____ GROUP #: _____

MEDICARE CLAIM # _____

MEDICAID # _____ STATE _____

SECTION D LABORATORY PROCEDURES

PANELS			URINALYSIS
<input type="checkbox"/> BASIC METABOLIC PANEL 80048	<input type="checkbox"/> DILANTIN (PHENYTOIN) 80185	<input type="checkbox"/> PTH 83970	<input type="checkbox"/> URINE W/CULTURE (IF INDICATED) 81001
<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL 80053	<input type="checkbox"/> FERRITIN 82728	<input type="checkbox"/> PT / PTT 85610 & 85730	<input type="checkbox"/> VOID <input type="checkbox"/> C.C <input type="checkbox"/> CAT I
<input type="checkbox"/> RENAL FUNCTION PANEL 80069	<input type="checkbox"/> FSH 83001 <input type="checkbox"/> LH 83002 <input type="checkbox"/> PROLACTIN 84146	<input type="checkbox"/> PSA SCREEN G0103	<input type="checkbox"/> ROUTINE 81001
<input type="checkbox"/> HEPATIC FUNCTION PANEL (LIVER) 80067	<input type="checkbox"/> GLUCOSE 82947	<input type="checkbox"/> PSA DIAGNOSTIC (NOT FOR ROUTINE SCREEN) 84153	MICROBIOLOGY
<input type="checkbox"/> LIPID PANEL WITH CALC LDL CHOL 80061	GLUCOSE TOLERANCE _____ HRS M - F	<input type="checkbox"/> RETICULOCYTE COUNT 85044	<input type="checkbox"/> URINE CULTURE 87086
<input type="checkbox"/> OBSTETRIC PANEL 80055	<input type="checkbox"/> HCG, Quantitative 84702	<input type="checkbox"/> RHEUMATOID FACTOR (RA) 86431	<input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> CATH
24 HOUR/RANDOM URINES	<input type="checkbox"/> HELICOBACTER PYLORI BREATH TEST 83013	<input type="checkbox"/> SED RATE (ESR) 85651	<input type="checkbox"/> CULTURE & SENSITIVITY
<input type="checkbox"/> CREATININE, URINE 24 HR 82570	<input type="checkbox"/> HELICOBACTER PYLORI STOOL 87338	<input type="checkbox"/> T-SPOT TB TEST 86481	SOURCE: _____
<input type="checkbox"/> CREATININE CLEARANCE, 24 HR 82575	<input type="checkbox"/> HEPATITIS C ANTIBODY 86707	<input type="checkbox"/> T3 TOTAL 84480 <input type="checkbox"/> T4 TOTAL 84436	<input type="checkbox"/> GRAM STAIN 87205 / SOURCE: _____
HEIGHT _____ WEIGHT _____	<input type="checkbox"/> HEPATITIS PANEL, ACUTE 80074	<input type="checkbox"/> TRIGLYCERIDES 84478	<input type="checkbox"/> THROAT CULTURE 87070
<input type="checkbox"/> PROTEIN, URINE 24 HR 84156	<input type="checkbox"/> HGB & HCT 85018 & 85014	<input type="checkbox"/> TSH 84443 <input type="checkbox"/> FREE T4 84439	<input type="checkbox"/> AFB CULTURE 87116 / SOURCE: _____
<input type="checkbox"/> SODIUM, URINE RANDOM 84300	<input type="checkbox"/> HGB A1C (Glycohemoglobin) 83036	<input type="checkbox"/> VANCOMYCIN	<input type="checkbox"/> FUNGUS 87102 / SOURCE: _____
<input type="checkbox"/> POTASSIUM, URINE RANDOM 84133	<input type="checkbox"/> HIV ANTIBODY (Consent Required) 86701	<input type="checkbox"/> TROUGH <input type="checkbox"/> PEAK <input type="checkbox"/> RANDOM	<input type="checkbox"/> RAPID STREP 87880
<input type="checkbox"/> CHLORIDE, URINE RANDOM 82436	<input type="checkbox"/> IgG 82784 <input type="checkbox"/> IgA 82784 <input type="checkbox"/> IgM 82784 <input type="checkbox"/> IgE 82784	<input type="checkbox"/> VITAMIN B12 82607 <input type="checkbox"/> FOLATE 82746	<input type="checkbox"/> RSV (RAPID TEST) 87420
<input type="checkbox"/> MICROALBUMIN, URINE (RANDOM) 82043	<input type="checkbox"/> INSULIN 83525	<input type="checkbox"/> VITAMIN D 25-HYDROXY, SERUM 82306	<input type="checkbox"/> INFLUENZA A/B (RAPID TEST) 87804
INDIVIDUAL TESTS	<input type="checkbox"/> IRON 83540 <input type="checkbox"/> IRON & TIBC 83540 & 83550	Other Tests	<input type="checkbox"/> O&P (GIARDIA / CRYPTO SCREEN) 87328
<input type="checkbox"/> AMMONIA 82140	<input type="checkbox"/> LIPASE 83690		<input type="checkbox"/> OCCULT BLOOD, STOOL 82270
<input type="checkbox"/> AMYLASE 82150	<input type="checkbox"/> MAGNESIUM 83735		<input type="checkbox"/> C. DIFFICILE TOXIN DNA AMP 87493
<input type="checkbox"/> ANA W/REFLEX AUTOANTIBODIES 86038	<input type="checkbox"/> MYCOPLASMA PNEUMO IgM, ALH 86738		<input type="checkbox"/> WBC, STOOL 87205
<input type="checkbox"/> BILIRUBIN, DIRECT 82248	<input type="checkbox"/> POTASSIUM 84132		
<input type="checkbox"/> BILIRUBIN, TOTAL 82247	<input type="checkbox"/> PREGNANCY TEST, URINE 84703		
<input type="checkbox"/> BIOFIRE	<input type="checkbox"/> PROTOME (PT) 85610 <input type="checkbox"/> PTT 85730		
- GI PANEL 87507			
- RESPIRATORY PANEL			
<input type="checkbox"/> BUN 84520 <input type="checkbox"/> CREATININE 82565			
<input type="checkbox"/> CBC 85027			
<input type="checkbox"/> CBC With Diff 85025			
<input type="checkbox"/> CPK 82550			
<input type="checkbox"/> C-REACTIVE PROTEIN (Ultra-Sens) 86141			
<input type="checkbox"/> DIGOXIN (LANOXIN) 80162			

6 5 3 4 3 6

Last Name _____ First _____	Last Name _____ First _____
Date _____ 6 5 3 4 3 6	Date _____ 6 5 3 4 3 6
Last Name _____ First _____	Last Name _____ First _____
Date _____ 6 5 3 4 3 6	Date _____ 6 5 3 4 3 6