

Please call, 972.612.6500 for appointment - Monday - Friday 8:00 am - 5:30 pm

Patient Name: _____ Birth Date: _____ Gender: M or F SS # (optional): _____ Phone: _____ Alternate phone: _____ DX/Reason for testing: _____	Please, provide the following information, or fax ID/ Demo sheet. Name of Insurance: _____ Phone: _____ ID #: _____ Group #: _____ Name of Insured: _____
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CPT	Tests or Panels	ICD-9	CPT	Tests or Panels	ICD-9	CPT	Single Tests	ICD-9	CPT	Single Tests	ICD-9	CPT	Microbiology	ICD-9
Panel or Single Tests may be selected														
80058	Hepatic Function Panel		86900	ABO Blood Type		83540	Iron		87178	Chlamydia DNA Probe				
80051	Electrolytes Panel		82040	Albumin		86901	RH (D)		83550	Iron Binding (TIBC)		87075	Culture, Anaerobic	
84295	Sodium		82251	Bilirubin Tot & Dir		82105	AFP - Maternal		83615	LD (LDH)		87110	Culture Chlamydia	
84132	Potassium		88450	AST/SGOT			Ges. Age (wks) _____		83655	Lead		87252	Culture Herpes	
82435	Chloride		84460	ALT/SGPT			Twins? Race: _____		83002	LH Luteinizing Hormone		87070	Culture Routine	
82374	Carbon Dioxide		84075	Alkaline Phos			Insulin Dep Diabetic? _____		80178	Lithium			Source _____	
80049	Basic Metabolic Panel		80059	Hepatitis Panel		82150	Amylase		83735	Magnesium		87117	Culture AFB	
80051	Na, K, CL, CO2		86708	Hep A IgM & LgG		86038	Anti Nuclear Antibody		85403	Mono		87040	Culture Blood	
84520	BUN		86706	Hep B Surface AB		86850	Antibody Screen		80184	Phenobarbital		87045	Culture Fungus	
82565	Creatinine		87340	Hep B Surface Ag		82607	B-12 Vitamin		80185	Phenytoin/Dilantin		87070	Culture Genital	
82947	Glucose		86704	Hep B Core IgM & IgG		84702	Beta HCG Quant.		84100	Phosphorus		87045	Culture Stool	
80054	Comprehensive Metabolic Panel		86803	Hep C Ab		86140	C-Reactive protein		85595	Platelet Count		87060	Culture Throat _____ automatically done	
			80061	Lipid Profile		80156	Carbamazepine			Pregnancy, Qual.				
80051	Na, K, CL, CO2		82465	Cholesterol		85025	CBC		81025	<input type="checkbox"/> Urine		87086	Culture Urine	
82040	Albumin		84478	Triglycerides		82378	CEA		84703	<input type="checkbox"/> Serum			<input type="checkbox"/> Cath	
84075	Alkaline Phos.		83718	HDL Cholesterol		82550	CK (CPK)		84146	Prolactin			<input type="checkbox"/> Clean catch	
82247	Bilirubin, Total					82575	Creatinine Clearance		84153	PSA		87252	Culture Viral	
84520	BUN		84433	TSH		80162	Digoxin		85610	Pt with INR: PT taking Anticoagulant? <input type="checkbox"/> Yes <input type="checkbox"/> No			What virus?	
82310	Calcium			II Positive			Drug Screen, Urine							
82565	Creatinine		84439	Free T4		82670	Estradiol		85730	PTT		87590	GC DNA Probe	
82947	Glucose		80090	TORCH Panel		82728	Ferritin		86592	RPR		82270	Occult Blood Stool	
84450	SGOT/AST		86644	CMV Ab		82746	Folate		84439	T4 Free		87177	Ova & Parasites	
84155	Total Protein		86694	Herpes Simplex Ab		83001	FSH		84480	Total T3			Other:	
80072	Arthritis Panel		96762	Rubella Ab		82977	Gamma GT		84403	Testosterone Total				
86255	Fluor Ab Scr		86777	Toxoplasma Ab		83036	Hgb AtC-Glycohermo		80198	Theophylline				
85651	ESR (Sed Rate)					85014	Hematocrit		81001	Urinalysis w/Micro Auto				
86430	RA (Rheumatoid)					85018	Hemoglobin		81003	Urinalysis no micro				
84550	Uric Acid					86701	HIV 1 Ab							
						87230	C Diff Toxin							
						87425	Rotavirus Ag							

Only tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Screening tests will not be reimbursed and should not be submitted for payment. The OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.

Physician's Signature: _____ Printed Name: _____ Date: _____ Time: _____



The Medical Center of Plano

3901 West 15th Street • Plano, Texas 75075

Lab Order Form



PATIENT IDENTIFICATION