



48029955-9 7723834-1

OLGA BELOSTOTSKY M.D.  
NAME:  
47 E 77TH ST STE 201  
ADDRESS:  
CITY: STAMEN YORK, NY 10075-1730

TELEPHONE:  
516-688-3443

DATE COLLECTED TIME: ☐ AM ☐ PM TOTAL VOL/WRS.

PHYSICIAN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYER(S) (MUST BE INDICATED)

1386772754 BELOSTOTSKY, OLGA

1/16/23 -> 11 Months

ADD'L PHYS.: Dr.

NON-PHYSICIAN PROVIDER: NAME

Fax Results to: ( )

Client # OR NAME:

and duplicate ADDRESS:

report to: CITY: STATE ZIP

### Requisition

- ☐ My Account
- ☐ Insurance Provided
- ☐ Lab Card/Select
- ☐ Patient

Patient Service Center location and appointment scheduling information is on the back.

Each sample should be labeled with at least two patient identifiers at time of collection.

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

Fasting ☒ Fasting ☐ Non-Fasting ☐

REGISTRATION # (IF APPLICABLE)

LAB REFERENCE #

DATE OF BIRTH M M D D YEAR

CELL PHONE

PATIENT ID # / MRN

PATIENT EMAIL ADDRESS

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY STATE ZIP

RELATIONSHIP TO INSURED ☐ SELF ☐ SPOUSE ☐ DEPENDENT

PRIMARY INSURANCE CO. NAME

MEMBER / INSURED ID # GROUP #

INSURANCE ADDRESS

CITY STATE ZIP

ABN may be required for tests with these symbols

Medicare Limited Coverage Tests  
@ - May not be covered for the reported diagnosis.  
F - Has prescribed frequency rules for coverage.  
A - A test or service performed with research/experimental kit.  
B - Has both diagnosis and frequency-related coverage limitations.  
Provide signed ABN when necessary.

Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines

ICD Codes (enter and indicate)

MBS19 F185 F419 F459 F53.8 F66.3 D68.318

- 10231 COMP META PHL ( ) 654 HETEROPHILE, MONO ( ) 457 FERRITIN, SCR W/REF ( ) 822 AST
- 5463 URINALYSIS, COMPLETE ( ) 6646 LYNE AB W/REFL BLOT ( ) 5616 IRON, TBIC, FER PHL ( ) 823 ALT
- 395 CULTURE, UR ROUTINE ( ) 14976 HYPERSEN. PNEUM. SCR ( ) 37742 TPMT GENOTYPE ( ) 10165 BASIC MET PHL
- 6399 CBC (DIFF/PLT) ( ) 235 B-1-ANTITRYPSIN DHC ( ) 4563 CRYSTALS, SYN FLD ( ) 10256 HEPATIC FUNCTION PHL
- 394 CULTURE, THROAT ( ) 10643 ALLERGY REGION 1 ( ) 4562 CT, DIFF SYNOVIAL FL ( ) 285 BILIRUBIN, DIRECT
- 14852 LIPID PHL W/REF BLOC ( ) 10659 CHILDHOOD ALLERGY ( ) 374 CK, TOTAL ( ) 34392 ELECTROLYTE PANEL
- 297 CL INHIBITOR, FUNCTION ( ) 10715 FOOD ALLERGY PROFIL ( ) 227 ALDOLASE FUNCTION PHL ( ) 6448 URINALYSIS MACRO
- 981 COMPLEMENT COMP CLIC ( ) 37916 21 HYDROXYLASE AB ( ) 16503 INFLAM. BOWEL DIF PHC ( ) 7909 URINALYSIS REFLEX
- 351 COMPLEMENT C3 ( ) 267 THYROGLOBULIN AB ( ) 683 ANGIOTENSIN CONV ENZ ( ) 509 HEMATOCRIT
- 353 COMPLEMENT C4C ( ) 5981 THYROID PEROXID AB ( ) 496 HEMOGLOBIN A1C AB ( ) 510 HEMOGLOBIN
- 610 COMPLEMENT (CH50) ( ) 359016 CP359016 ( ) 4418 RHEUMATOID FACTORS ( ) 1759 CBC(H/H, RBC, HGB, PLT)
- 34954 AMARFL NPX/IDENTRA ( ) 8796 NYEUPEROXIDASE AB ( ) 528 HLA-B27 ANTIGEN ( ) 334 CHOLESTEROL, TOTAL
- 91472 RA DIAG IDENTRA PHL ( ) 34151 PROTEINASE-3 AB ( ) 70107 CARNITINE-3 AB ( ) 608 HDL CHOLESTEROL
- 4420 CRP ( ) 256 DNASE B ANTIBODY ( ) 15484 HLA ABC LOW RESRS ( ) 896 TRIGLYCERIDES
- 10124 HS CRP ( ) 265 ASUM ( ) 94345 HCV WITH REFLEXES ( ) 7600 LIPID PANEL
- 985 URIC ACID ( ) 255 DNA, DSA PHL ( ) 10458 CF, CARRIER SCREEN ( ) 8293 DIRECT LDL
- 809 SED RATE BY MOD WES ( ) 37056 ANTIHISTONE AB ( ) 30340 BETA 2 GLY (G, A, H) ( ) 16814 ANA IFA W/REFLEXES
- 7352 CARDIOLIPIN AB G, A, C ( ) 7448 SN AND SN/RNP ABS ( ) 5042 VITAMIN B1, THIAMINE ( ) 4418 RHEUMATOID FACTORS
- 7083 IMMUNOGLOBULINS ( ) 7832 SJOJREN'S ANTIBODIES ( ) 926 VITAMIN B6, PLASMA ( ) 11173 CCP AB IGG
- 7903 IGG SUBCLASS PANEL ( ) 5810 JO-1 ANTIBODY ( ) 921 VITAMIN A (RETINOL) ( ) 4661 CARDIOLIPIN IGA AB
- 539 IMMUNOGLOBULIN A ( ) 799 EPR (MONITOR) W/REF ( ) 931 VITAMIN E ( ) 4662 CARDIOLIPIN IGG AB
- 543 IMMUNOGLOBULIN E ( ) 759 MITOCHONDRIAL W/REF ( ) 36585 VITAMIN K ( ) 4663 CARDIOLIPIN IGH AB
- 545 IMMUNOGLOBULIN H ( ) 37466 ANTI SMOOTH MUSC ACTIN ( ) 927 VITAMIN B12 ( ) 754 PROTEIN, TOTAL, (S)
- 4862 TETANUS ANTITOXOID ( ) 15038 LKN-1 AS IGG ( ) 36399 VITAMIN B2, PLASMA ( ) 549 IMMUNOFIXATION, SERUM
- 4865 DIPHTHERIA ANTITOX. ( ) 7079 LUPUS ANTICORP W/REF ( ) 929 VITAMIN C ( ) 7020 THYROID PANEL
- 19564 S. PNEUM IGG (14 SEROC) ( ) 718 PHOSPHATE (AS PHOS) ( ) 91029 VITAMIN B3 ( ) 861 T3 UPTAKE
- 35135 H. INFLUENZAE TYPE B ( ) 17306 HIT D, 25-OH, TOTAL, IC ( ) 391 VITAMIN B7 (BIOTIN) ( ) 257 GBN
- 7197 LYMPH SUBSET PHL 1 ( ) 10306 HEP PHL ACUTE W/REF ( ) 383 CRYOGLOBULIN, RUAL ( ) 10185 NYSTIS PLUS JO-1
- 91976 NITROGEN LYMPH PHL ( ) 8847 PRO LINE WITH INR ( ) 16142 FAMIL. MED. FEVER NY
- 747 PROTEIN ELECTRO. ( ) 763 FTT, ACTIVATED ( ) 223 ALBUMIN RACE: \_\_\_\_\_
- 37669 IGA, IGG, IGH IMMUNOF ( ) 11321 UR 24HR W/H CREAT ( ) 234 ALKALINE PHOSPHATASE
- 542 IMMUNOGLOBULIN E ( ) 523 S HIAA, 24 HOURS ( ) 287 BILIRUBIN, TOTAL FAN HIST C 3 YES C 3 NO
- 14455 14 3 3 ETO PROTEIN ( ) 4562 CT, DIFF SYNOVIAL FL ( ) 294 UREA NITROGEN (BUN)
- 7444 THYROID PANEL W/THS ( ) 8837 FTH, INTACT + CAL. ( ) 303 CALCIUM
- 7260 TPO AND TG ABS ( ) 29498 ALK PHOS, BONE SPEC ( ) 375 CREATININE
- 899 TSH ( ) 36167 CCL NTX, U W/CREAT ( ) 793 POTASSIUM
- 93740 EARLY SJOJREN'S SY ( ) 1633 CR RAND UP W/ CREAT ( ) 483 GLUCOSE
- 34484 TRYPTASE ( )

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

Deny provider signature & date requested (Required by certain payers)

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

ADDITIONAL TEST(S) - Print Test No. and Name:

flex tests are performed at an additional charge • # Additional charge ID / Susceptibilities.

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