LabCare.Bio
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# HOUSE CALL REQUEST

THIS FORM MUST BE COMPLETED IN FULL

PLEASE SCAN TO SEND THE REQUEST

## PHYSICIAN'S INFORMATION

| |
|---|
| ACCOUNT# |
| NAME |
| NPI# |
| ADDRESS |
| CITY / STATE / ZIP |
| PHONE |
| FAX |

## PATIENT'S INFORMATION

| | | |
|---|---|---|
| PATIENT LAST NAME | FIRST NAME | AGE |
| GENDER ☐ M ☐ F | DATE OF BIRTH (M/D/Y) | PHONE |
| ADDRESS | | APT:# |
| CITY | STATE | ZIP |
| INSURANCE | INSURANCE ID# | |

## STANDING ORDER:

☐ 2 x WEEK ☐ Q1 WEEK ☐ Q2 WEEKS ☐ Q1 MONTH ☐ Q2 MONTHS ☐ Q3 MONTHS ☐ Q4 MONTHS

**REQUESTED DATE OF SERVICE** _____ ☐ **FASTING** ☐ **STAT**

## TESTS REQUESTED

| | | | | | |
|---|---|---|---|---|---|
| 036 | ☐ PT+INR | BL | 162 | ☐ VITAMIN B12 | SST |
| 037 | ☐ PTT | BL | 115 | ☐ FERRITIN | SST |
| 20 | ☐ CBC WITH DIFFERENTIAL &PLATELETS | LV | 146 | ☐ TSH | SST |
| 1120 | ☐ BM P (Gluc,Na,K,Cl,CO2, BUN, Cr, Ca, Creat) | SST | 144 | ☐ T4 | SST |
| 1130 | ☐ CM P (Gluc,Na,K,Cl,CO2, BUN, Cr, Ca, Creat, Tot. Prot., Alb,ALP,Tot. Billi.) | SST | 252 | ☐ T4, FREE | SST |
| 1150 | ☐ LIPID PANEL (CHOL, HDL, LDLc, TRIG, vLDLc) | SST | 196 | ☐ PSA, TOTAL | SST |
| 1140 | ☐ HEPATIC FUNCTION PANEL (ALB, Tot.prot., Tot. Billi., ALP, AST, ALT) | SST | 300 | ☐ CRP | SST |
| 127 | ☐ PHOSPHORUS | SST | 160 | ☐ VITAMIN D (25 HYDROXY) | SST |
| 125 | ☐ MAGNESIUM | SST | 246 | ☐ SED RATE (ESR) | LV |
| 137 | ☐ URIC ACID | SST | 304 | ☐ RHEUMATOID FACTOR (RF) | SST |
| 3075 | ☐ THYROID PANEL | SST | 030 | ☐ URINALYSIS, COMPLETE | UR |
| 119 | ☐ HEMOGLOBIN A1C | LV | 605 | ☐ URINE CULTURE & SENSITIVITIES | UR |
| 850 | ☐ IRON DEFICIENCY PROFILE (IRON+TIBC+UIBC+SAT%) | GY | 212 | ☐ MICROALBUMIN, URINE | UR |
| 163 | ☐ FOLATE | SST | | ☐ | |

## ICD-10 CODES

| | | | |
|---|---|---|---|
| | | | |
| | | | |

**COMMENTS:** _____

*By signing below, the physician requesting a home visit by a laboratory phlebotomist is certifying that the patient is homebound (as defined by Medicare) and that both the home visit and the lab tests that are being ordered are medically necessary.*

PHYSICIAN'S SIGNATURE _____ DATE _____