



## **Requisition - Laboratory**

Patient Name: Johnson, Charles C Date of Birth: 03/03/1970

Service Date: 08/21/2025 Insurance Co:

Authorization Number -- Ordering Physician:

(as needed):

Type 2 diabetes with **Diagnosis Code:** E11.65 hyperglycemia

Diagnosis:

Diagnosis Code:

Diagnosis:

Diagnosis Code:

Diagnosis:

Diagnosis Code:

**Laboratory Requisition** 

Diagnosis:

Electrolytes Panel Basic Metabolic Panel Acute Hepatitis Panel

Comprehensive Metabolic Panel Hepatic Function (Liver Panel) TORCH panel

<del>--</del>

Renal Function Panel Lipid Profile BLOOD TYPING

<del>--</del> --

Microbiology

**Laboratory Tests**Hgb A 1C (Glycohemo)

Arthritis Panel Other

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History of Kidney -- Contrast Allergy: --

Problems:

Exam is:

-- Is the patient on -- anticoagulants?

D.C. (D. C.

Patient Preparation (if any):

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