❒ 3520 Progress Drive, Suite C / Bensalem, PA 19020 / 267-525-2470 / Fax 267-525-2488

Atlantic Diagnostic Laboratories, LLC

DRAW SITE:

15072589

MUST ALWAYS BE COMPLETED

CLIENT INFORMATION

Account# 116
FAMILY HOUSE NOW PHILADELPHIA
1020 N 48TH ST
PHILADELPHIA, PA 19131
215-878-8616

SPECIMEN DATE: 11/18/19
TIME: ____ ☒ a.m. ❒ p.m.

PATIENT'S LAST NAME	FIRST NA
Aviles	Nicole

PATIENT'S SOCIAL SECURITY NO.	AGE	SEX	DATE OF BIRTH
209 68 2671		F	5 / 16 / 88

ICD-10 CODES	DIAGNOSIS	ICD-10 CODES	DIAGNOSIS

Physician's or Authorized Signature

PATIENTS ADDRESS (Street, City, State, Zip Code)

TELEPHONE NUMBER ( ) -

Bill To: ❒ MEDICARE ❒ MEDICAID ☒ CLIENT ❒ PATIENT ❒ HMO ❒ OTHER INS.

MEDICAID #/MEDICARE #/INSURANCE POLICY #.

MEMBER I.D. #

GROUP #

Required by CMS – Medicaid and Medicare
Diagnosis Code(s) Mark Test(s) Ordered Date and Time of Collection
PATIENT SIGNATURE and Date, Full Name, DOB, SS#, Sex
PHYSICIANS SIGNATURE (NO STAMPS OR PHOTO COPIES)

CMS requires that physicians shall only order tests that are medically necessary for the diagnosis and treatment of this patient.

Comments:

(X) DAU 29
(ALC,AMP,BARB,BENZO,BUP,COC,FENTANYL,METHADONE,
OPI,OXY,PCP,THC,PH,SPCGRVTY,CREAT)

( ) ORAL 82 (SEE BACK)

AMA PANELS • See reverse for components

510		Basic Metabolic Panel	SST
540		Comp. Metabolic Panel	SST
50		Electrolyte Panel	SST
71		Hepatic Function Panel	SST
7040		***CBC WITH DIFF/PLATELET***	L
560		* Lipid Profile Panel	SST

ALPHABETICAL LISTING INDIVIDUAL TESTS

237		Amylase	SST
218		* GGT	SST
809		**** HEMOGLOBIN A1C***	L
1114		Hepatitis A AB (IGM)	SST
1120		Hepatitis B Core (IGG/IGM AB)	SST
824		Hepatitis B Surface AG	SST
826		Hepatitis C AB	SST
865		HIV 4th Gen	SST
840		Lead, Blood	L
811		Lipase	SST
236		**** MAGNESIUM***	SST
814		Prolactin	SST
628		Syphillis Screen	SST
828		RPR	SST
741		Sickel Cell Screen	L
233		**** T3 UPTAKE***	SST
229		**** T4, TOTAL***	SST
819		**** TSH***	SST
717		Urinalysis w/Microscopic	U
735		Urine Pregnancy	U

DRUG LEVELS

209		Carbamazepine (Tegretol)	R
50169		Desipramine/Imipramine	R
821		Lithium	R
867		Nortriptyline / Aventyl	R
223		Phenobarbital	R
224		Phenytoin (Dilantin)	R
871		Primidone (Mysoline)	R
235		Valproic Acid (Depakene)	R

DRUGS OF ABUSE
SEE REVERSE FOR COMPONENTS.

83		Oral Drug Screen (5 Drugs)	
91		Oral Drug Screen (8 Drugs)	
400		Urine Alcohol	U
9		Drugs of Abuse (9 Drugs) w/Alc	U
5		Drugs of Abuse (5 Drugs)	U
38		Drugs of Abuse (9 Drugs)	U
1		Drugs of Abuse (11 Drugs) w/Alc	U

Tests not listed on form are not covered by CBH, CCBH or Magellan

**** COVERED UNDER "LIMITED COVERAGE POLICY" OF MEDICARE – PLEASE INCLUDE RELEVANT DIAGNOSIS CODES***

I authorize the release of any medical information to process the service listed above, authorize ADL to bill my insurance for services described above and authorize my insurance carrier to pay ADL directly. I assume responsibility for payment of any and all co-pays and deductibles that may be applied to the services described above. I assume full responsibility for payment of services that are not covered by my insurance carrier.

❒ By Checking this box, I do not want my insurance carrier billed for services described above. I assume responsibility for payment of all service listed above that are billed to me by ADL.

Patient Signature Nicole Aviles Date 11/19/19 Phlebotomist Intials _____ Date _____