

# Atlantic Diagnostic Laboratories, LLC

DRAW SITE:

AC



## CLIENT INFORMATION

SPECIMEN DATE: 11/18/19

TIME: 10:00 a.m.

10:00 p.m.

PATIENT'S LAST NAME

FIRST NAME

PATIENT'S SOCIAL SECURITY NO.

AGE

SEX

DATE OF BIRTH

ICD-10 CODES

DIAGNOSIS

ICD-10 CODES

DIAGNOSIS

Physician's or  
Authorized Signature

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

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

MEDICAID #/MEDICARE #/INSURANCE POLICY #.

MEMBER I.D. #

GROUP #

TELEPHONE NUMBER ( ) -

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)

Comments:

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

( ) ORAL 82 (SEE BACK)

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

### 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 |

### 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 |

### 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  | Syphilis 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   |

### 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

Date

11/19/19

Phlebotomist Initials

Date

MUST ALWAYS BE COMPLETED