

AMERICAN DIAGNOSTIC LABORATORY, INC.

7855 GROSS POINT RD, SUITE A-1, SKOKIE, IL 60077
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PATIENT NAME (LAST, FIRST) <div></div>		PATIENT DATE OF BIRTH MM/DD/YYYY <div></div>	
ADDRESS (Street/State/Zip) <div></div>		PATIENT PHONE <div></div>	
FASTING	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> AM <input type="checkbox"/> PM	SEX	<div></div>
		COLLECTION DATE	<div></div>
<input type="radio"/> MEDICARE <input type="radio"/> MEDICAID		SUPPLY PATIENT ADDRESS ABOVE	
PATIENT ID. NUMBER <div></div>			

REFERRING PHYSICIAN

I authorized the release of any medical information necessary to process this claim and request payment of benefits to the party who accepts assignment. I permit the copy of this authorization to be Used in place of the original.

X

Patient Signature _____ Date _____

INSURANCE ☐ PATIENT ☐ CASH ☐ ACCOUNTBILL

PROFILE			
<input type="checkbox"/> GENERAL PROFILE 154 Chem-Zyma, FER, CBC, T3, T4, TSH, B12/FOLATE, Ig E, ASO, CRP, RA, ANA, VITAMIN D	S,L	<input type="checkbox"/> ANEMIA PROFILE 142 CMP, CBC, RETIC, IRON, TIBC, IGE, B12/FOLATE	L,S
<input type="checkbox"/> PRENATAL PROFILE I Chem-Zyme, Ferritin, TIBC, CBC, T3, T4, TSH, ABO-RH, RPR-Rub, HCG, HIV,HEP B Ab,VITAMIN D	S,L,R	<input type="checkbox"/> ARTHRITIS 143 RA, CRP, UAcid, ANA, ASO, ESA	S,L
<input type="checkbox"/> BASIC PROFILE 153 Chem-Zyme, FER, CBC, AMY, TIBC, T3, T4, TSH,ASO, CRP, RA, ANA, U/A, IgE,VITAMIN D	L,S,U	<input type="checkbox"/> BASIC METABOLIC PANEL 145 CO2, Chloride, Creatinine, Glucose, Potassium, Sodium, BUN, Calcium	S
<input type="checkbox"/> HEALTH-CARE 155 CMP, Lipid, CBC, T3, T4, TSH, Ferritin, Iron, CRP, RA, ANA,RF, HBSAB, Uric-Acid, CPK, Amylase, Vitamin D	S,L	<input type="checkbox"/> CHEM LIPID 146 CMP, Lipid panel	S
<input type="checkbox"/> ALLERGY 141 CMR, CBC, IGE, IGG,IGM, IGA, ESR	S,L	<input type="checkbox"/> CHEM-ZYNE 148 CMP, LIP, TIBC, IRON, UIBC, LDH, GGT, URIC ACID, AMYLASE	S
<input type="checkbox"/> SCHOOL PHYSICAL 165 CBC, CMP, LEAD, SC, TIBC, IRON	S,L	<input type="checkbox"/> HEALTH SCREEN-MALE 166 B12, CBC, CMP, CORT, IRON, FERR, GLY, LIPID PROFILE, PSA, T4, TESTOS, TSH, U/A, VITADH	S,L,U
<input type="checkbox"/> COMPREHENSIVE METABOLIC PANEL 149 Albumin, Total Bilirubin, Calcium, Chloride, CO2, Creatinine, Glucose, Alkaline Phosphate, Potassium, Total, Protein, Sodium, SGOT (AST), BUN, ALT(SGpT), Magnesium	S,L	<input type="checkbox"/> DIABETIC PROFILE 151 Chem-Zyme, HDL, LDL, Ferritin, CDC, A1C	S,L
<input type="checkbox"/> LIVER PROFILE 158 Albumin, Total Protein, Alkaline Phosphate, Total Bilirubin, SGOT, SGPT, LDH, Cholesterol, Globulin, A/G Ratio, GGT	S	<input type="checkbox"/> HEPATITIS PROFILE 156 HBSAg, HBS Ab, HCV, 810,811,814	S
<input type="checkbox"/> RENAL PROFILE 162 Sodium, Potassium, Chloride, CO2, BUN, Creatinine, Uric Acid, Calcium, Albumin, Alkaline Phosphatase	S	<input type="checkbox"/> LIPID PROFILE 157 Chol, Trig., HDL,LDL, Chol/HDL Ratio	S
<input type="checkbox"/> THYROID PROFILE 163 TSH, T4, T3	S	<input type="checkbox"/> HEALTH SCREEN-FEMALE 167 B12, CBC, CMP, ESTRA, IRON, FERR, FOL, FSH, GLY, LH, LIPID PROFILE, MG, PROG, PROL, T4, TSH, U/A, VITADH	S,L,U
<input type="checkbox"/> THYROID PANEL 164 FT4, TSH, T3	S	<input type="checkbox"/> SEXUAL TRANSMITTEDINFECTION 169 HEPATITIS PROFILE, HIV, HSVIGG, RPR, CT, GC <input type="checkbox"/> (034-FEMALE+910D(R,U)) <input type="checkbox"/> (037-MALE(R,U))	S,L,U

ADDITIONAL TEST REQUESTS (OTHER TEST COMBINATIONS ARE AVAILABLE ON REQUEST)

ICD 10 DIAG, CODE
 STAT

Drs. Signature _____ Date _____

ALPHABETICAL LISTING, INDIVIDUAL TESTS						MICROBIOLOGY	
<input type="checkbox"/> 333 AMYLASE	S	<input type="checkbox"/> 333 HDL-CHOLESTEROL	S	<input type="checkbox"/> 302 POTASSIUM, SERUM	S	<input type="checkbox"/> 715 TESTOSTERONE SERUM	S
<input type="checkbox"/> 801 ANA	S	<input type="checkbox"/> 8003 HEMOGLOBIN ELECTROPHORESIS	L	<input type="checkbox"/> 698 PREGNANCY TEST, SERUM, QUAL	S	<input type="checkbox"/> 740 THEOPHYLLINE LEVEL	R
<input type="checkbox"/> 802 ASO/SCREEN	S	<input type="checkbox"/> 810 HEPATITIS Bs ANTIGEN	S	<input type="checkbox"/> 699 PREGNANCY TEST, URINE, QUAL	S	<input type="checkbox"/> 327 TRIGLYCERIDES	S
<input type="checkbox"/> 712 B12	S	<input type="checkbox"/> 811 HEPATITIS Bs ANTIBODY	S	<input type="checkbox"/> 711 PREGNANCY TEST, SERUM, QUANT	S	<input type="checkbox"/> 705 TSH	S
<input type="checkbox"/> 107 CBC	L	<input type="checkbox"/> 851 HIV ANTIBODY	S	<input type="checkbox"/> 716 PSA	S	<input type="checkbox"/> 703 TT3	S
<input type="checkbox"/> 719 CEA	S	<input type="checkbox"/> 823 H-PYLORI	S	<input type="checkbox"/> 8002 PROTEIN ELECTRO, SERUM	S	<input type="checkbox"/> 702 TT4	S
<input type="checkbox"/> 326 CHOLESTEROL	S	<input type="checkbox"/> 131 IRON	S	<input type="checkbox"/> 191 PROTHROMBIN TIME	BL	<input type="checkbox"/> 704 FT4	S
<input type="checkbox"/> 318 CPK	S	<input type="checkbox"/> 335 TIBC	S	<input type="checkbox"/> 194 INR	B	<input type="checkbox"/> 1025 FT3	S
<input type="checkbox"/> 741 DIGOXIN	R	<input type="checkbox"/> 1150 LEAD, BLOOD	L	<input type="checkbox"/> 219 PTT	B	<input type="checkbox"/> 110 URINALYSIS, ROUTINE	U
<input type="checkbox"/> 603 DRUG SCREEN, URINE	U	<input type="checkbox"/> 752 LITHIUM	S	<input type="checkbox"/> 804 RA SCREEN	S	<input type="checkbox"/> 510 VITAMIN D25	S
<input type="checkbox"/> 127 ELECTROLYTES	S	<input type="checkbox"/> 1181 LYME DISEASE	S	<input type="checkbox"/> 205 RETICULOCYTE COUNT	L	<input type="checkbox"/> 6200 MICROALBUMIN URINE	U
<input type="checkbox"/> 349 FASTING BLOOD SUGAR GRAT	G	<input type="checkbox"/> 336 MAGNESIUM SERUM	S	<input type="checkbox"/> 809 RPR SCREEN	S		
<input type="checkbox"/> 337 FERRITIN	S	<input type="checkbox"/> 805 MONONUCLEOSIS TEST	S	<input type="checkbox"/> 1182 RUBELLA IMMUNITY {IgG}	S		
<input type="checkbox"/> 713 FOLATE	S	<input type="checkbox"/> 1161 PAP SLIDE	S	<input type="checkbox"/> 203 SEDIMENTATION RATE	L		
<input type="checkbox"/> 307 GLUCOSE SERUM	S	<input type="checkbox"/> 743 PHENOBARBITAL LEVEL	R	<input type="checkbox"/> 204 SICKLE CELL SCREEN	L		
<input type="checkbox"/> 339 GLYCOHEMOGLOBIN A C	L	<input type="checkbox"/> 742 PHENYTOIN (Dilantin)	R	<input type="checkbox"/> 751 TEGRETOL LEVEL	R		

Commonly Encountered Diagnosis Conversions													
<div>S</div>	<div>L</div>	<div>G</div>	<div>GN</div>	<div>Y</div>	<div>R</div>	<div>B</div>	<div>U</div>	<div>FL</div>	<div>F</div>	<div>SL</div>	<div>UR</div>	<div>J</div>	<div>C</div>
WITH GEL SST	LAVENDER	GRAY	GREEN	YELLOW	NOT GELL TUBE RED	LIGHT BLUE	URINE	FLUID	FROZEN	SLIDE	URICULT	JEMBIC	STERIL CULT