

QUEST DIAGNOSTICS™

General Health

BILL TO:
☐ My Account
☐ Insurance Provided
☐ Lab Card/Select
☐ Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)
REGISTRATION # (IF APPLICABLE)
DATE OF BIRTH
M M D D YEAR
SEX

ACCOUNT #: 10934333
NAME: Next Medical
ADDRESS: 1440 W Taylor St
CITY, STATE, ZIP: Chicago, IL 60607
TELEPHONE #: 212-530-7870

DID YOU KNOW

Patient Service Center location and appointment scheduling information is on the back.

Each sample should be labeled with at least two patient identifiers at time of collection.

ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

DATE COLLECTED
TIME
TOTAL VOL/HRS.
Fasting
Non Fasting

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)
Serota, Marc Jonathan (1740410463)

ADDIT'L PHYS.: Dr.
NPI/UPIN

NON-PHYSICIAN PROVIDER:
NAME
I.D.#

Fax Results to: (212) 530 7891
Client # OR NAME:
ADDRESS:
CITY: STATE ZIP

PATIENT EMAIL ADDRESS
CELL PHONE
PATIENT PHONE
PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT
PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

CITY
STATE
ZIP
RELATIONSHIP TO INSURED:
SELF SPOUSE DEPENDENT
PRIMARY INSURANCE CO. NAME
MEMBER / INSURED ID NO. #
GROUP #
INSURANCE ADDRESS
CITY
STATE
ZIP

ABN required for tests with these symbols

Medicare Limited Coverage Tests
@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines

ICD Codes (enter all that apply)

Z11.3

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS
34392 Electrolyte Panel
10256 Hepatic Function Panel
10165 Basic Metabolic Panel
10231 Comp Metabolic Panel
7600 Lipid Panel (Fasting)
14852 Lipid Panel w/Reflex LDL
20210 Obstetric Panel w/Reflex
10306 Hepatitis Panel, Acute w/Reflex
10314 Renal Functional Panel

HEMATOLOGY
510 Hemoglobin
509 Hematocrit
1759 CBC (Hgb, Hct, RBC, WBC, Plt)
6399 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff)
8847 PT with INR
763 PTT, Activated

OTHER TESTS
7788 ABO Group & Rh Type
237 AFP Tumor Marker
223 Albumin
234 Alkaline Phosphatase
823 ALT
243 Amylase
249 ANA Screen, IFA, with Reflex to Titer and Pattern
795 Antibody Scr, RBC w/Reflex ID
822 AST
285 Bilirubin, Direct
287 Bilirubin, Total

4420 C-Reactive Protein (CRP)
29493 CA 27.29
29256 CA 125
303 Calcium
11173 CCP Ab IgG
978 CEA
334 Cholesterol, Total
374 CK, Total
375 Creatinine
402 DHEA Sulfate, Immunoassay
8293 LDL Cholesterol, Direct
4021 Estradiol
457 Ferritin
466 Folic Acid
470 FSH
482 GGT
8477 Glucose, Gestational Screen (50g), 135 cutoff
19833 Glucose, Gestational Screen (50g), 140 cutoff
484 Glucose, Plasma
483 Glucose, Serum
8435 hCG, Serum, Qual
8396 hCG, Serum, Quant
496 Hemoglobin A1c
16802 Hemoglobin A1c w/eAG
499 Hep B Surface Ab Qual
498 Hep B Surface Ag w/Reflex Confirm
8472 Hep C Antibody w/Reflex to Quant
91431 HIV-1/2 AG/AB, 4th w/Reflex
31789 Homocysteine
10124 hs CRP
561 Insulin
549 Immunofixation (IFE)
7573 Iron, TIBC, % Sat

571 Iron
593 LDH
599 Lead, Blood
615 LH
606 Lipase
6646 Lyme Disease Ab w/Reflex to Blot (IgG, IgM)
622 Magnesium
6517 Microalbumin, Random Urine w/Creat
Fecal Globin, Feces - FIT, InSure
11290 Diagnostic
F 11293 Medicare Screen
718 Phosphorus
733 Potassium
745 Progesterone
746 Prolactin
5363 PSA, Total
793 Reticulocyte Count, Automated
4418 Rheumatoid Factor
799 RPR (Monitoring) w/Reflex Titer
36126 RPR (DX) w/Reflex Confirm
802 Rubella IgG
809 Sed Rate by Mod West
15983 Testosterone, Total, LC/MS/MS
873 Testosterone, Total, Male
5081 Thyroid Peroxidase Antibodies (TPO)
896 Triglycerides
899 TSH
36127 TSH w/Reflex T4, Free
34429 T3, Free
859 T3, Total
861 T3 Uptake
867 T4 (Thyroxine), Total
866 T4 (Thyroxine), Free

6448 UA, Dipstick Only
7909 UA, Dipstick w/Reflex Microscopic
5463 UA, Complete (Dipstick & Microscopic)
3020 UA, Complete, w/Reflex Culture
294 Urea Nitrogen (BUN)
905 Uric Acid
916 Valproic Acid
4439 Varicella-Zoster Virus Ab (IgG)
7065 Vitamin B12/Folic Acid
927 Vitamin B12
17306 Vitamin D, 25-Hydroxy, Total, Immunoassay
91935 Vitamin D (QuestAssureD™ for Infants) 25-Hydroxy/vitamin D, LC/MS/MS (<3 yrs)

MICROBIOLOGY
Source (Required)
4550 Culture, Aerobic Bacteria*
4446 Culture, Aerobic & Anaerobic*
4485 Culture, Group A Strep*
5617 Culture, Group B Strep*
4558 Culture, Genital*
394 Culture, Throat*
395 Culture, Urine, Routine* (Inc. Indwelling Cath.)
Amplified Specimen Type (Aptima)
Endocervical Urethral Urine
11363 Chlamydia & N. gonorrhoeae RNA, TMA
Stool Pathogens (Salm/Shig/Campy, H. pylori Ag, EIA Stool)
10108 Culture, Stool, Shiga toxins w/Reflex*
34838 H. pylori Ag, EIA Stool
14839 H. pylori Urea Breath Test
681 O & P w/Permanent Stain
Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Reflex tests are performed at an additional charge.

QUEST DIAGNOSTICS™

COMMENTS, CLINICAL INFORMATION:

Physician Signature (Required for PA, NY, NJ & WV)
Marc Serota

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

TOTAL TESTS ORDERED