

# CENTRAL MEDICAL LABORATORY

18012 Cowan Ave, STE #250 Irvine, CA 92614  
**ALL DELIVERIES GO TO THE IRVINE LOCATION**

2601 N. 3rd ST. Phoenix, AZ 85004

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TEL: (800) 621-1828  
 FAX: (949) 610-1758

PATIENT'S LAST NAME (PLEASE PRINT)	FIRST	M.I.	SEX	D.O.B.	REFERRING PHYSICIAN
PATIENT'S ADDRESS			TELEPHONE		
CITY		STATE	ZIP CODE	<input type="checkbox"/> <b>STAT</b> (ADDITIONAL FEE FOR PICK UP)	
<input type="checkbox"/> <b>BILL TO:</b>	MEDICARE NO	PATIENT ID			(Doctor's Name) (Clinic's Address) T (Phone Number) F (FAX Number)
<input type="checkbox"/> <b>CLIENT</b>	MEDI-CAL NO.	ISSUE DATE			
<input type="checkbox"/> <b>MEDICARE</b>					
<input type="checkbox"/> <b>MEDI-CAL</b>	PLAN NAME / INSURANCE COMPANY / CARRIER		ADDRESS		
<input type="checkbox"/> <b>INSURANCE</b>	SUBSCRIBER NO.		GROUP NO.		
<input type="checkbox"/> <b>PATIENT</b>					
<input type="checkbox"/> <b>CASH/CC</b>	NAME ON CREDIT CARD		CREDIT CARD NUMBER	EXP DATE	

**DATE COLLECTED:** \_\_\_\_\_  
**TIME COLLECTED:** \_\_\_\_\_  AM  PM  
**FASTING:**  YES  NO

DIAGNOSIS CODES (ICD-10)

### INDIVIDUAL TESTS

2101 <input type="checkbox"/> AFP	S	1118 <input type="checkbox"/> C. React. Protein	S	3101 <input type="checkbox"/> Hepatitis A Ab, IgM*	S	5105 <input type="checkbox"/> Mono Screen	S	1136 <input type="checkbox"/> SGPT(ALT)	S
1102 <input type="checkbox"/> Alkaline Phosphatase	S	2205 <input type="checkbox"/> Estradiol	S	3102 <input type="checkbox"/> Hepatitis B Core IgM*	S	1132 <input type="checkbox"/> Phosphorus	S	1143 <input type="checkbox"/> Sodium	S
1103 <input type="checkbox"/> Amylase	S	2206 <input type="checkbox"/> Ferritin*	S	3106 <input type="checkbox"/> Hepatitis B Core Ab, Total*	S	1133 <input type="checkbox"/> Potassium	S	2224 <input type="checkbox"/> T3 Uptake*	S
5106 <input type="checkbox"/> ANA (SLE)	S	2207 <input type="checkbox"/> Folic acid	S	3103 <input type="checkbox"/> Hepatitis B Surface Ab*	S	2216 <input type="checkbox"/> Progesterone	S	2221 <input type="checkbox"/> T3, Total*	S
5107 <input type="checkbox"/> BASO Screen	S	2211 <input type="checkbox"/> FSH	S	3107 <input type="checkbox"/> Hepatitis B Surface Ag*	S	2217 <input type="checkbox"/> Prolactin	S	2209 <input type="checkbox"/> T3, Free	S
1109 <input type="checkbox"/> BUN	S	1119 <input type="checkbox"/> GGTP	S	3104 <input type="checkbox"/> Hepatitis C Antibody*	S	2218 <input type="checkbox"/> Prostate Specific Ag (PSA)*	S	2210 <input type="checkbox"/> T4 (Free)*	S
2233 <input type="checkbox"/> CA125	S	1120 <input type="checkbox"/> Glucose, Fasting*	G	3108 <input type="checkbox"/> HIV 1 & 2	S	9101 <input type="checkbox"/> PPT (Prothrombime Time)*	B	2222 <input type="checkbox"/> T4 Total*	S
1110 <input type="checkbox"/> Calcium	S	1121 <input type="checkbox"/> Glucose, Random*	G	5102 <input type="checkbox"/> H. Pylori	L	9102 <input type="checkbox"/> PTT*	B	2223 <input type="checkbox"/> Testosterone, Total	S
8000 <input type="checkbox"/> CBC w/diff*	L	10501 <input type="checkbox"/> Glycohemoglobin*	L	1126 <input type="checkbox"/> Iron*	S	1134 <input type="checkbox"/> Rheumatoid Factor	S	1137 <input type="checkbox"/> TIBC	S
2202 <input type="checkbox"/> CEA*	S	1122 <input type="checkbox"/> HDL Cholesterol*	S	1127 <input type="checkbox"/> LDH	S	5101 <input type="checkbox"/> RPR*, Qualitative	S	1140 <input type="checkbox"/> Triglycerides*	S
1111 <input type="checkbox"/> Cholesterol*	S	1051 <input type="checkbox"/> HCG Quantitative*	S	1128 <input type="checkbox"/> LDL Cholesterol Direct*	S	2219 <input type="checkbox"/> Rubella, IgG Ab	S	2234 <input type="checkbox"/> TSH*	S
1113 <input type="checkbox"/> CPK	S	5103 <input type="checkbox"/> HCG Qual-Serum w/rfx Qnt*	S	2215 <input type="checkbox"/> LH	S	5501 <input type="checkbox"/> Sedimentation Rate (ESR)*	L	1142 <input type="checkbox"/> Uric Acid	S
1117 <input type="checkbox"/> Creatinine	S	3105 <input type="checkbox"/> Hepatitis A Ab, Total*	S	1129 <input type="checkbox"/> Lipase	S	1135 <input type="checkbox"/> SGOT(AST)	S	10601 <input type="checkbox"/> Urinalysis	U

### PANELS AND PROFILES

1500 <input type="checkbox"/> Basic Metabolic*: Glucose, BUN, Creatinine Calcium, Na, K, Cl, CO2	S	1400 <input type="checkbox"/> Electrolytes*: Na, K, Cl, CO2	S
1600 <input type="checkbox"/> Comprehensive Metabolic*: Gluc, Prot, Alb, ALT, AST, Bili, Alk Phos, BUN, Creat, Calc, Na, K, Cl, CO2	S	3000 <input type="checkbox"/> Acute Hepatitis*: HAVAb, HBcAb, HBsAg, HCAb	S
1700 <input type="checkbox"/> Lipid Panel*: Cholesterol, Triglycerides, HDL, LDL (calc)	S	10400 <input type="checkbox"/> BD Affirm (Candida, Gardnerella, Trichomonas)	S
1800 <input type="checkbox"/> Hepatic Function*: Total Protein, Albumin, ALT, AST, Total and Direct Bilirubin, Alkaline	S	10500 <input type="checkbox"/> ABO Group & Blood Type	L
1900 <input type="checkbox"/> Renal Panel*: Glucose, BUN, Creatinine, Albumin, Phosphorus, Calcium, Na, K, Cl, CO2	S	6125 <input type="checkbox"/> Urine Drug Screen with Reflex to LCMS if Positive	U
11300 <input type="checkbox"/> Obstetric Panel*: ABO, Rh, Antibody Screen, CBC/Diff, HB Surface Ag, RPR, Rubella	2L, S	7000 <input type="checkbox"/> Comprehensive Drug Analysis (LCMS)	U

### MICROBIOLOGY

10701 <input type="checkbox"/> CHLAMYDIA AMP. _____	3003 <input type="checkbox"/> GRAM STAIN	3011 <input type="checkbox"/> THROAT CULTURE	3015 <input type="checkbox"/> WET MOUNT	<input type="checkbox"/> HPV (High Risk)
10702 <input type="checkbox"/> GC AMP. _____	3006 <input type="checkbox"/> OCCULT BLOOD	3013 <input type="checkbox"/> URINE CULTURE	SOURCE: _____	<input type="checkbox"/> _____
3002 <input type="checkbox"/> GENITAL CULTURE	3010 <input type="checkbox"/> STOOL CULTURE	3014 <input type="checkbox"/> VAGINAL CULTURE	OTHER: _____	

### CYTOPATHOLOGY

**GYNECOLOGICAL CYTOLOGY**

LIQUID BASED PAP      DATE COLLECTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

LIQUID BASED PAP IMAGED      SOURCE:  CERVIX    ENDOCERVIX    VCE

CONVENTIONAL PAP       VAGINA    OTHER \_\_\_\_\_

PREVIOUS CYTOLOGY \_\_\_\_\_

CLINICAL INFORMATION-INDICATION      LMP: \_\_\_\_/\_\_\_\_/\_\_\_\_      STATUS \_\_\_\_\_

ROUTINE / ANNUAL PAP      HX:  POSTMENOPAUSAL

PREGNANT       HYSTERECTOMY

IUD       PARTIAL HYSTERECTOMY (Pt has cervix)

OTHER \_\_\_\_\_

### HISTOPATHOLOGY

PRODUCTS OF CONCEPTION

BIOPSY

BIOPSY SITE(S)      1. \_\_\_\_\_      2. \_\_\_\_\_

   3. \_\_\_\_\_      4. \_\_\_\_\_

### COMMENTS

S - SERUM SEPARATOR      G - GRAY      L - LAVENDER      B - BLUE      U - URINE      R - REDTOP

ABOVE ORDERED TESTS ARE MEDICALLY NECESSARY. PHYSICIAN/PROVIDER'S SIGNATURE: \_\_\_\_\_

PATIENT ACKNOWLEDGEMENT OF TESTS ORDERED. PATIENT'S SIGNATURE: \_\_\_\_\_

MEDICARE WILL ONLY PAY FOR TEST THAT MEET THE MEDICARE CRITERIA AND ARE REASONABLE AND NECESSARY TO TREAT OR DIAGNOSIS AN INDIVIDUAL PATIENT.

\* Indicates Medical Necessity DX Code