

Schedule an appointment: 985-871-5665
 Outpatient Pavilion Lab: 985-898-3700
 Hospital Lab: 985-898-4417
 Fax orders to: 985-898-3749
 Today's Date: _____

OUTPATIENT LABORATORY ORDER

 1202 S. Tyler St., Covington LA 70433
 Outpatient Pavilion, 16300 Hwy. 1085, Covington

 Patient name: _____ Date of birth: _____
 Physician/Practitioner: _____ Procedure date/time: _____
 Duplicate report to: _____ Fax to: _____
 Routine _____ Stat _____ Standing order _____ From _____ To _____ Frequency _____

Test	ICD-9	CPT	Test	ICD-9	CPT	Test	ICD-9	CPT
<input type="checkbox"/> Albumin	_____	82040	<input type="checkbox"/> Dilantin (<i>Phenytoin</i>)	_____	80185	<input type="checkbox"/> PSA, diag	_____	84153
<input type="checkbox"/> Alk Phos	_____	84075	<input type="checkbox"/> Electrolytes	_____	80051	<input type="checkbox"/> PSA, screen	_____	G0103
<input type="checkbox"/> Amylase	_____	82150	<input type="checkbox"/> Ferritin	_____	82728	<input type="checkbox"/> PT w/ INR	_____	85610
<input type="checkbox"/> ANA	_____	86038	<input type="checkbox"/> Folate	_____	82746	<input type="checkbox"/> PTT	_____	85730
<input type="checkbox"/> ALT	_____	84460	<input type="checkbox"/> FSH	_____	83001	<input type="checkbox"/> Renal panel	_____	80069
<input type="checkbox"/> AST	_____	84450	<input type="checkbox"/> GGT	_____	82977	<input type="checkbox"/> Retic count	_____	85044
<input type="checkbox"/> B12	_____	82607	<input type="checkbox"/> Glucose, fasting	_____	82947	<input type="checkbox"/> RF	_____	86430
<input type="checkbox"/> Bili, neo profile	_____	82247	<input type="checkbox"/> HBSAG	_____	87340	<input type="checkbox"/> RPR	_____	86592
		82248	<input type="checkbox"/> HCG, qual	_____	84703	<input type="checkbox"/> Rubella, IgG	_____	86762
<input type="checkbox"/> Bili, direct	_____	82248	<input type="checkbox"/> HCG, quant	_____	84702	<input type="checkbox"/> Sed rate (ESR)	_____	85651
<input type="checkbox"/> Bili, total	_____	82247	<input type="checkbox"/> Hemoglobin	_____	85014	<input type="checkbox"/> Sodium	_____	84295
<input type="checkbox"/> BMP	_____	80048	<input type="checkbox"/> Hematocrit	_____	85018	<input type="checkbox"/> T3 free	_____	84481
<input type="checkbox"/> BTNP	_____	83880	<input type="checkbox"/> Hep A AB, IGM	_____	86709	<input type="checkbox"/> T4 free	_____	84439
<input type="checkbox"/> BUN	_____	84520	<input type="checkbox"/> Hep B core AB, IGM	_____	86705	<input type="checkbox"/> Tegretol <i>Carbamazepine</i>	_____	80156
<input type="checkbox"/> CA 125	_____	86304	<input type="checkbox"/> Hep C AB	_____	86803	<input type="checkbox"/> Total protein	_____	84155
<input type="checkbox"/> Calcium	_____	82310	<input type="checkbox"/> Hep panel, acute	_____	80074	<input type="checkbox"/> Triglycerides	_____	84478
<input type="checkbox"/> CBC w/diff	_____	85025	<input type="checkbox"/> HGB A1C	_____	83036	<input type="checkbox"/> TSH	_____	84443
<input type="checkbox"/> CBC, no diff	_____	85027	<input type="checkbox"/> HIV	_____	86701	<input type="checkbox"/> Type & screen	_____	86090
<input type="checkbox"/> CEA	_____	82378	<input type="checkbox"/> Homocysteine	_____	83090		_____	86901
<input type="checkbox"/> Chloride	_____	82435	<input type="checkbox"/> Iron	_____	83540		_____	86850
<input type="checkbox"/> Cholesterol, HDL	_____	83718	<input type="checkbox"/> Iron w/ TIBC	_____	83540	<input type="checkbox"/> UA	_____	81001
<input type="checkbox"/> Cholesterol, Total	_____	82465		_____	83550	<input type="checkbox"/> UA, complete, cath	_____	81001
<input type="checkbox"/> CK (CPK) total	_____	82550	<input type="checkbox"/> Lipase	_____	83690	<i>Must schedule in advance</i>		
<input type="checkbox"/> CK w/ ISO if ind.	_____	82550	<input type="checkbox"/> Lipid profile	_____	80061	<input type="checkbox"/> Uric acid	_____	84550
<input type="checkbox"/> CMP	_____	80053	<input type="checkbox"/> Liver profile	_____	80076	<input type="checkbox"/> Valproic acid	_____	80164
<input type="checkbox"/> Creatinine	_____	82565	<input type="checkbox"/> Magnesium (Mg)	_____	83735	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Creatinine clearance	_____	82575	<input type="checkbox"/> MicroAlbumin, Urine	_____	82043	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Culture, stool	_____	87045		_____	82570	<input type="checkbox"/> _____	_____	_____
		87046x3	<input type="checkbox"/> Mono screen	_____	86308	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Culture wound	_____	87070	<input type="checkbox"/> Occult blood x_____	_____	82270	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Culture, throat	_____	87081	<input type="checkbox"/> OCP	_____	87177	<input type="checkbox"/> _____	_____	_____
<input type="checkbox"/> Culture, urine	_____	87086	<input type="checkbox"/> Phenobarbital	_____	80184			
<input type="checkbox"/> CRP	_____	86140	<input type="checkbox"/> Platelet count	_____	85049			
<input type="checkbox"/> CRP, high sensitivity	_____	86141	<input type="checkbox"/> Potassium	_____	84132			
<input type="checkbox"/> Digoxin	_____	80162	<input type="checkbox"/> Progesterone	_____	84144			
			<input type="checkbox"/> Protein, UR 24 hr	_____	84156			

Hospital Only

<input type="checkbox"/> Bleeding time	_____	85002
<input type="checkbox"/> Influenza A&B	_____	87400x2
<input type="checkbox"/> RSV	_____	86756

 Physician/Practitioner Signature: _____ Date: _____ No. of tests ordered: _____

I understand that only tests or panels approved by Medicare that are medically necessary for the diagnosis or treatment of a Medicare/Medicaid patient will be reimbursed. I certify that the above ordered test(s) is/ are medically necessary and understand that if unnecessarily ordered, I may be subject to civil penalties under the False Claims Act.

PANEL / PROFILE COMPONENTS

Basic Metabolic Panel (BMP) 80048 Anion Gap (calc) BUN BUN/Creat Ratio (calc) Calcium Chloride CO2 Creatinine eGFR (calc) Glucose Potassium Sodium	Comprehensive Metabolic Panel (CMP) 80053 A/G Ratio (calc) Anion Gap (calc) Albumin Alk Phos ALT (SGPT) Bilirubin, Total** BUN BUN/Creat Ratio (calc) Calcium Chloride CO2 Creatinine eGFR (calc) Glucose Potassium Sodium & Total Protein	Hepatitis Panel, Acute 80074 Hepatitis A AB, IGM Hepatitis B Core AB, IGM HBSAG Hepatitis C AB
Bilirubin, Neonatal Profile 82247 Bilirubin, Neonatal Total Bilirubin, Neonatal Direct Bilirubin, Neonatal Indirect (calc)	Electrolytes 80051 Anion Gap (calc) Chloride CO2 Potassium Sodium	Lipid Profile 80061 Cardiac Risk (calc) Cholesterol, Total Cholesterol, HDL Cholesterol, LDL (calc) Triglycerides
Bilirubin, Neonatal Profile 82248 Bilirubin, Neonatal Total Bilirubin, Neonatal Direct Bilirubin, Neonatal Indirect (calc)		Liver (Hepatic) Profile 80076 Albumin Alk Phos ALT (SGPT) AST (SGOT) Bilirubin, Direct** Bilirubin, Total** Total Protein

** For neonates, bilirubin neonatal Total, direct and indirect are reported

Renal Function Panel 80069 Albumin Anion Gap (calc) BUN BUN/Creat ratio (calc) Calcium Chloride CO2	Creatinine eGFR (calc) Glucose Phosphorus Potassium Sodium
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