

**\*\*Please schedule ALL lab draws at 678-474-8100 (Central Scheduling)\*\***

**▼ PHYSICIAN INFORMATION ▼**

PHYSICIAN / GROUP NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_ FAX # \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_ NPI # \_\_\_\_\_

Patient Information		Insurance Information	
Last Name		RELATIONSHIP TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT	
First Name		PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT	
MI		INSURANCE CO. NAME <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS	
Social Security No.	Birthdate	MEMBER/INSURED ID# / MEDICARE / MEDICAID #	GROUP ID#
Phone No.		INSURANCE ADDRESS	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status M S D X	CITY	STATE ZIP
Diagnosis	ABN Signed <input type="checkbox"/> Yes <input type="checkbox"/> No	INSURANCE PHONE #	INSURED SOCIAL SECURITY # (if not patient) INSURED DATE OF BIRTH

**Specimen Information**

<input type="checkbox"/> <b>STAT</b>	Collected by _____	Date Drawn ____/____/____	Time Drawn _____	A.M. P.M.	<input type="checkbox"/> Fasting <input type="checkbox"/> Random
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CPT	Tests or Panels	CPT	Tests or Panels (cont'd)	CPT	Single Tests (cont'd)	CPT	Single Tests (cont'd)
	<b>Panel or Single Tests may be selected</b>		<b>Panel or Single Tests may be selected</b>	82378	CEA	84702	Beta HCG Quant
80051	<b>Electrolytes Panel</b>	80069	<b>Renal Function Panel</b>	82550	CK (CPK)	84146	Prolactin
84295	Sodium	80048	Basic Metabolic Panel	85378	Dimer	84153	PSA
84132	Potassium	82040	Albumin	80162	Digoxin ★	G0103	PSA Screen
82435	Chloride	84100	Phosphorus	80101x7	Drug Screen, Urine	85610	PT with INR ★
82374	Carbon Dioxide	80061	<b>Lipid Profile</b>	82670	Estradiol	Is pt. taking Coumadin? <input type="checkbox"/> Y <input type="checkbox"/> N ★	
80048	<b>Basic Metabolic Panel</b>	82465	Cholesterol	82728	Ferritin	85730	PTT ★
80051	Na, K, CL, CO2	84478	Triglycerides	82746	Folate	Is pt. taking Heparin? <input type="checkbox"/> Y <input type="checkbox"/> N ★	
84520	BUN	83718	HDL Cholesterol	83001	FSH	85044	Retic Count
82310	Calcium	80074	<b>Acute Hepatitis Panel</b>	82977	Gamma GT	86592	RPR
82565	Creatinine	86709	Hepatitis A Antibody IGM	83036	Hgb A1C (Glycohem)	86762	Rubella Ab
82947	Glucose	86705	Hepatitis B Core Antibody IGM	85014	Hematocrit	85651	Sed Rate
80053	<b>Comprehensive Metabolic Panel</b>	87340	Hepatitis B Surface Antigen	85018	Hemoglobin	84480	T3 Total
80048	Basic Metabolic Panel		86701	HIV 1 Ab w/Western Blot confirmation	84479	T3 Uptake	
82040	Albumin	86803	Hepatitis C Antibody	83540	Iron	84439	T4 Free
84075	Alkaline Phos.			83550	Iron Binding (TIBC)	84403	Testosterone Total
82247	Bilirubin, Total			83615	LD (LDH)	80198	Theophylline ★
84450	SGOT/AST			83655	Lead	84443	TSH
84460	SGPT/ALT			83002	LH Luteinizing Hormone	81001	Urinalysis w/Micro, auto if indicated
84155	Total Protein	86900	<b>Single Tests</b>	80178	Lithium		
80076	<b>Hepatic Function (Liver) Panel</b>	86901	ABO Blood Group	83735	Magnesium	82575	Urine Creatinine Clearance 24hr
		86850	RH (D) Type	86308	Mono	84156	Urine Total Protein 24 hr
82040	Albumin	86920	Antibody Screen	80184	Phenobarbital ★	84540	Urine Urea Nitrogen 24 hr
82247	Bilirubin, Total	82150	xm packed cells ____ units	80185	Phenytoin/Dilantin ★		<b>Microbiology</b>
82248	Bilirubin, Direct	86038	Amylase	85049	Platelet Count Auto		Aerobic Culture Source _____
84450	AST/SGOT	82607	Antinuclear Antibody	84703	Pregnancy, Qual. Serum		Anaerobic Culture Source _____
84460	ALT/SGPT	86140	B-12 Vitamin	81025	Pregnancy, Qual. Urine		
84075	Alkaline Phos.	80156	CRP	<b>★ REQUIRED LAST DOSE</b>			
84155	Total Protein	85025	Carbamazepine/Tegretol★	DATE _____	A.M.		Other Source _____
		85007	CBC w/auto diff	TIME _____	P.M.		
			Manual Diff.				

Other Tests _____	Ordering Physician (Print Name) _____
Only tests or Medicare Approved Panels that are medically necessary for the diagnosis or treatment of a Medicare or Medicaid patient will be reimbursed. Screening tests will not be reimbursed and should not be submitted for payment. The OIG states that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed may be subject to civil penalties under the False Claims Act.	Date/Time _____ Physician Authorization _____

**EMORY JOHNS CREEK HOSPITAL**



**Laboratory Phone # 678-474-7821**  
**Fax # 678-474-7522**  
**Central Scheduling Phone # 678-474-8100**



**Patient Information/Label**

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 CITY, STATE, ZIP \_\_\_\_\_ NPI # \_\_\_\_\_

Patient Information		Insurance Information	
Last Name		RELATIONSHIP TO INSURED <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT	
First Name		PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT	
MI		INSURANCE CO. NAME <input type="checkbox"/> HMO <input type="checkbox"/> PPO <input type="checkbox"/> POS	
Social Security No.	Birthdate	MEMBER/INSURED ID# / MEDICARE / MEDICAID #	GROUP ID#
Phone No.		INSURANCE ADDRESS	
Sex <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status M S D X	CITY	STATE ZIP
Diagnosis	ABN Signed <input type="checkbox"/> Yes <input type="checkbox"/> No	INSURANCE PHONE #	INSURED SOCIAL SECURITY # (if not patient) INSURED DATE OF BIRTH

**Specimen Information**

<input type="checkbox"/> <b>STAT</b>	Collected by _____	Date Drawn _____	Time Drawn _____	A.M. P.M.	<input type="checkbox"/> Fasting <input type="checkbox"/> Random
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CPT	Tests or Panels	CPT	Tests or Panels (cont'd)	CPT	Single Tests (cont'd)	CPT	Single Tests (cont'd)
	<b>Panel or Single Tests may be selected</b>		<b>Panel or Single Tests may be selected</b>	82378	CEA	84702	Beta HCG Quant
80051	<b>Electrolytes Panel</b>	80069	<b>Renal Function Panel</b>	82550	CK (CPK)	84146	Prolactin
84295	Sodium	80048	Basic Metabolic Panel	85378	Dimer	84153	PSA
84132	Potassium	82040	Albumin	80162	Digoxin ★	G0103	PSA Screen
82435	Chloride	84100	Phosphorus	80101x7	Drug Screen, Urine	85610	PT with INR ★
82374	Carbon Dioxide	80061	<b>Lipid Profile</b>	82670	Estradiol	Is pt. taking Coumadin? <input type="checkbox"/> Y <input type="checkbox"/> N ★	
80048	<b>Basic Metabolic Panel</b>	82465	Cholesterol	82728	Ferritin	85730	PTT ★
80051	Na, K, CL, CO2	84478	Triglycerides	82746	Folate	Is pt. taking Heparin? <input type="checkbox"/> Y <input type="checkbox"/> N ★	
84520	BUN	83718	HDL Cholesterol	83001	FSH	85044	Retic Count
82310	Calcium	80074	<b>Acute Hepatitis Panel</b>	82977	Gamma GT	86592	RPR
82565	Creatinine	86709	Hepatitis A Antibody IGM	83036	Hgb A1C (Glycohem)	86762	Rubella Ab
82947	Glucose	86705	Hepatitis B Core Antibody IGM	85014	Hematocrit	85651	Sed Rate
80053	<b>Comprehensive Metabolic Panel</b>	87340	Hepatitis B Surface Antigen	85018	Hemoglobin	84480	T3 Total
80048	Basic Metabolic Panel		86701	HIV 1 Ab w/Western Blot confirmation	84479	T3 Uptake	
82040	Albumin	86803	Hepatitis C Antibody	83540	Iron	84439	T4 Free
84075	Alkaline Phos.			83550	Iron Binding (TIBC)	84403	Testosterone Total
82247	Bilirubin, Total			83615	LD (LDH)	80198	Theophylline ★
84450	SGOT/AST			83655	Lead	84443	TSH
84460	SGPT/ALT			83002	LH Luteinizing Hormone	81001	Urinalysis w/Micro, auto if indicated
84155	Total Protein	86900	<b>Single Tests</b>	80178	Lithium		
80076	<b>Hepatic Function (Liver) Panel</b>	86901	ABO Blood Group	83735	Magnesium	82575	Urine Creatinine Clearance 24hr
		86850	RH (D) Type	86308	Mono	84156	Urine Total Protein 24 hr
82040	Albumin	86920	Antibody Screen	80184	Phenobarbital ★	84540	Urine Urea Nitrogen 24 hr
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84075	Alkaline Phos.	80156	CRP				
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