

# Homedraw Requisition

Standing Order  One Time Order

MNT	SST	RED	LAV	BLU	GRN	URIN	SWB	PRB	PAP	OTH

Complete this box for standing orders only  
 New Standing Order  Renew Standing Order  Discontinue Standing Order

Order start date:      Order end date: (6 months if none indicated)      Frequency: (PRN not acceptable frequency)

FOR LAB USE ONLY

Ordering Physician:      Physician Office Phone #:  
 Physician Address:      Physician Office Fax #:  
 City/State/Zip      **SERVICE CODE:**  
**LHD**

**PATIENT INFORMATION**

Last      First      M.I.      Male  
 Name      Female

Address

City      State      Zip

Phone      DOB      SS #

Alt phone #

**INSURANCE INFORMATION**

PRIMARY INS NAME

Policy #      Group #

SECONDARY INS NAME

Policy #      Group #

**TRAVEL FEE BILLING ONLY**

Please check one:      Price      Service Code

P9603 TRAVEL FEE            76063577

P9604 TRAVEL FEE            76063569

**PHLEBOTOMIST USE ONLY**

Phlb Init:      Date:      Time:      am      pm

**BARCODE:**

MD INTERFACED DO NOT FAX

STAT

ALSO FAX TO \_\_\_\_\_

CC COPY TO: \_\_\_\_\_

Phlebotomist Notes:

When Ordering Tests For Medicare And Medicaid Patients, Please Select Only Those Tests Which Are Medically Necessary For The Diagnosis Or Treatment Of The Patient. Medicare Does Not Pay For Routine Screening Tests.

ICD-9 CODES (Enter All that Apply)

1	2	3	4	5	6	7	8	9
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Asterisk\* ( ) indicates a Medicare Advance Beneficiary Notice (ABN) may be needed if condition is not covered by applicable ICD-9-CM codes / DXs. Check RI Medicare Rules for coverage limitations.

AMA APPROVED PANELS	ICD-9 / DX	INDIVIDUAL	ICD-9 / DX	TESTS	ICD-9 / DX
<input type="checkbox"/> Basic Metabolic Panel ( GBCLytes + Ca ) ★ ( Glucose, BUN, Creat, Na, K, Cl, CO <sub>2</sub> , Ca )		Calcium, Total		IRON ★	
<input type="checkbox"/> Electrolyte Panel ( Na, K, CL, CO <sub>2</sub> )		CO <sub>2</sub>		Magnesium ★	
<input type="checkbox"/> Liver (Hepatic) Function Panel ( LFTs ) ( Alb, Alk Phos, AST, ALT, T Bili, D Bili, T Protein )		Chloride		Phenytoin (Dilantin)	
<input type="checkbox"/> Lipid Panel (Chol, Trig, HDL, LDL calc) ★		CBC/PLT ★ ◆		Phosphorus	
<b>INDIVIDUAL</b>	<b>ICD-9 / DX</b>	CBC/PLT/DIFF ★ ◆		Potassium	
<input type="checkbox"/> A1C ★		Creatinine		Protein, Total	
<input type="checkbox"/> Albumin		Digoxin ★		PT(Prothrombin Time) ★	
<input type="checkbox"/> Alk Phosphatase		Ferritin ★		PTT ★	
<input type="checkbox"/> ALT (SGPT)		Glucose ★		Sedimentation Rate ★	
		Hematocrit ★		Sodium	
		Hemoglobin ★		TIBC ★	

◆ Reflexive testing may be performed when indicated and may carry an additional charge

To the Ordering Physician/AHP: Federal Regulations require all laboratories to obtain written authorization for any laboratory test ordered. Please sign this form to verify that all tests indicated were ordered by you AND that the patient qualifies for homebound status as defined by Medicare. In addition, please provide all appropriate diagnostic ICD-9 Code(s).

ON FILE      \_\_\_\_\_      \_\_\_\_\_  
 Physician/AHP Signature      Date

Return Within 24 Hours To:      Lifespan Laboratories Homedraw Department  
 148 West River Street, Suite 4, Providence, RI 02904  
 OR  
 Fax: (401) 793-4741