

Outpatient Lab Orders

Ph (843) 347-8130 Fax (843) 234-5479

FIN # _____ DATE _____

Conway Medical Center

300 Singleton Ridge Road, Conway, South Carolina 29526

REQUIRED PHYSICIAN SIGNATURE/DATE:

Patient Name:		Physician Name: (Please Print):			
DOB:		Send results by Fax to:			
Also, Fax to:					
Lab Hours: 7:00 am – 5:00 pm	Fasting required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Collected:	Time in Lab:	Fluids Source:	Collector:

DIAGNOSIS, ICD-10 CODES, SIGNS OR SYMPTOMS ARE REQUIRED FOR EACH TEST REQUESTED. SOME CODES MAY NOT BE COVERED BY INSURANCE, PAYMENT-FINANCIAL RESPONSIBILITY MAY BE ASSIGNED TO PATIENT

***** PLACE DIAGNOSIS, ICD 10 CODES, SIGNS OR SYMPTOMS BELOW *****

<p>CHEMISTRY</p> <input type="checkbox"/> ALBUMIN <input type="checkbox"/> ALK PHOS <input type="checkbox"/> AMMONIA <input type="checkbox"/> BILIRUBIN, DIRECT <input type="checkbox"/> BILIRUBIN, TOTAL <input type="checkbox"/> BUN <input type="checkbox"/> CALCIUM <input type="checkbox"/> CHLORIDE <input type="checkbox"/> CHOLESTEROL <input type="checkbox"/> CO2 <input type="checkbox"/> CORTISOL <input type="checkbox"/> CREATININE <input type="checkbox"/> CREATININE CLEAR <input type="checkbox"/> FERRITIN <input type="checkbox"/> FETAL FIBRONECTIN <input type="checkbox"/> FOLIC ACID <input type="checkbox"/> GGT <input type="checkbox"/> GLUCOSE, FASTING <input type="checkbox"/> GLUCOSE, TOLERANCE # HOURS <input type="checkbox"/> HCG, SERUM QUANT <input type="checkbox"/> HGB AIC <input type="checkbox"/> PTH <input type="checkbox"/> IRON% SAT <i>Order Iron and IBC</i> <input type="checkbox"/> IRON BINDING (IBC) <input type="checkbox"/> IRON <input type="checkbox"/> LDH <input type="checkbox"/> MAGNESIUM <input type="checkbox"/> OSMOLALITY, URINE <input type="checkbox"/> OSMOLALITY, SERUM <input type="checkbox"/> PHOSPHORUS <input type="checkbox"/> PROTEIN TOTAL <input type="checkbox"/> PROTEIN TOTAL, URINE <input type="checkbox"/> PSA, SCREEN <input type="checkbox"/> PSA, DX <input type="checkbox"/> SGOT <input type="checkbox"/> SGPT <input type="checkbox"/> SODIUM <input type="checkbox"/> T3 Uptake <input type="checkbox"/> T3Free	<input type="checkbox"/> T4 <input type="checkbox"/> T4 Free <input type="checkbox"/> T7 (INDEX) Order T4/T3uptake <input type="checkbox"/> TRIGLYCERIDE <input type="checkbox"/> TSH <input type="checkbox"/> URIC ACID <input type="checkbox"/> VITAMIN B12 <p>THERAPEUTIC DRUGS</p> <input type="checkbox"/> VALPROIC ACID/DEPAKOTE <input type="checkbox"/> DIGOXIN <input type="checkbox"/> DILANTIN (Phenytoin) <input type="checkbox"/> GENTAMYCIN: _____ PEAK TROUGH <input type="checkbox"/> LITHIUM <input type="checkbox"/> PHENOBARBITAL <input type="checkbox"/> TEGRETOL <input type="checkbox"/> VANCOMYCIN _____ PEAK TROUGH <p>URINES</p> <input type="checkbox"/> URINALYSIS _____(RE-FLEXED MICROSCOPIC) <input type="checkbox"/> HCG, URINE, QUAL <p>MICROBIOLOGY</p> <input type="checkbox"/> AFB CULTURE <input type="checkbox"/> ANAEROBIC CULT <input type="checkbox"/> BACTERIAL CULTURE SOURCE: <input type="checkbox"/> BLOOD CULTURE <input type="checkbox"/> C. DIFF W/ TOX <input type="checkbox"/> FUNGUS CULTURE <input type="checkbox"/> GIARDIA ANTIGEN <input type="checkbox"/> CRYPTO ANTIGEN <input type="checkbox"/> INFLUENZA A/B <input type="checkbox"/> OCCULT BLOOD <input type="checkbox"/> O & P <input type="checkbox"/> RSV <input type="checkbox"/> STREP SCN-THROAT <input type="checkbox"/> URINE CULTURE: <input type="checkbox"/> CATH <input type="checkbox"/> CLEAN CATCH <input type="checkbox"/> WBC STOOL <p style="text-align: center;">*For all micro submissions indicate source</p>	<p>HEMATOLOGY</p> <input type="checkbox"/> CBC W/AUTO DIFF & PLTS <input type="checkbox"/> CBC NO DIFF <input type="checkbox"/> CBC MANUAL DIFF <input type="checkbox"/> CELL COUNT (SOURCE) <input type="checkbox"/> CRYSTALS (SOURCE) <input type="checkbox"/> HCT <input type="checkbox"/> HGB <input type="checkbox"/> PLATELET COUNT <input type="checkbox"/> RETIC COUNT <input type="checkbox"/> SEMEN ANALYSIS <input type="checkbox"/> POST VAS ANALYSIS <input type="checkbox"/> SED RATE <input type="checkbox"/> SICKLE CELL TEST <p>COAGULATION</p> <input type="checkbox"/> D-DIMER <input type="checkbox"/> PROTINE /INR <input type="checkbox"/> PTT <input type="checkbox"/> FIBRINOGEN <p>PANELS & PROFILES</p> <input type="checkbox"/> ELECTROLYTES (CL, CO2, K+, NA) <input type="checkbox"/> *BMP BASIC METABOLIC (CL, CO2, K+, NA, CA, GLU, BUN, CREA) <input type="checkbox"/> *CMP COMPREHENSIVE METABOLIC _____(BMP PLUS ALB, ALK PHOS, T. BILI, TP, SGOT, SGPT) <input type="checkbox"/> HEPATIC/ LIVER PANEL _____(ALB, T & D BILI, ALK PHOS, SGOT, SGPT) <input type="checkbox"/> LIPID (TRIG, CHOL, HDL, LDL) FASTING REQUIRED <p>* FASTING RECOMMENDED FOR ACCURACY</p> <p>SPECIAL INSTRUCTIONS</p> <hr/> <hr/> <hr/> <p>WRITE IN TESTS</p> <hr/> <hr/> <hr/>	<p>OTHER TESTS</p> <input type="checkbox"/> ACTH <input type="checkbox"/> CA 19-9 <input type="checkbox"/> FSH <input type="checkbox"/> HEP C VIRUS AB <input type="checkbox"/> HEP B SURF AG <input type="checkbox"/> INSULIN AUTOABS <input type="checkbox"/> LH <input type="checkbox"/> RUBELLA <input type="checkbox"/> TESTOSTERONE <input type="checkbox"/> PROT ELECT, SERUM <input type="checkbox"/> PROT ELECT, URINE <input type="checkbox"/> MEDICAL DRUG SCRIN (MEDICAL PURPOSES ONLY) <p>SEROLOGY</p> <input type="checkbox"/> RA <input type="checkbox"/> RPR <input type="checkbox"/> HCG, SERUM QUAL <input type="checkbox"/> H. PYLORI <input type="checkbox"/> MONO TEST
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