

UPIN / NPI# _____

Provider Name: _____

ADDRESS: _____

PHONE NUMBER: _____

SECURE FAX NUMBER: _____

****Required****

ICD 9 DIAGNOSIS CODE(s): _____

****Medicare does not generally cover routine screening tests.**

FILL IN ALL INFORMATION

- MALE
 FEMALE

DATE OF BIRTH: _____

PATIENT NAME: LAST, FIRST _____

(KAISER MEDICAL RECORD # _____)

- NON- FASTING STAT ASAP
 FASTING HOURS _____ ROUTINE

Providers FAX this signed and dated form to: 303-404-4030

<input checked="" type="checkbox"/>	URINALYSIS
<input type="checkbox"/>	81003 UA reflex MICRO if positive- 81002
<input type="checkbox"/>	87088 URNC/CULTURE (reflexed as indicated)
<input checked="" type="checkbox"/>	HEMATOLOGY
<input type="checkbox"/>	85025 CBC/AUTO DIFF (man diff reflexed if meets criteria)
<input type="checkbox"/>	85652 ESR - SED RATE
<input type="checkbox"/>	85014/85018 Hemoglobin & Hematocrit
<input type="checkbox"/>	85046 RETICULOCYTE
<input checked="" type="checkbox"/>	COAGULATION
<input type="checkbox"/>	85610 PT PROTImE / INR
<input type="checkbox"/>	85730 PTT APTT
<input checked="" type="checkbox"/>	CHEMISTRY PROFILES
<input type="checkbox"/>	80048 BMP Chem 7 (LYTES,BUN,CREAT,GLU,CA)
<input type="checkbox"/>	80053 CMP Comp Metatobolic Prof (BMP,HFP,TP)
<input type="checkbox"/>	80061 FLIPP FASTING (CHOL,TGL,HDL,LDL)
<input type="checkbox"/>	83550 / 83540 IRPF Iron Panel (FE,IBC,TIBC,TRANS SAT)
<input type="checkbox"/>	80076 HFP Hepatic Function Panel (ALB,AST,ALT,ALKP,TBIL/DBIL)
<input type="checkbox"/>	80051 LYTES (NA,K,CL,CO2)
<input type="checkbox"/>	80069 RFP (LYTES,BUN,CR,GLU,CA,ALB,PHOS)
<input type="checkbox"/>	84443 THYP FT4 reflexed if TSH abnormal FT3 reflexed if TSH low and FT4 norm
<input checked="" type="checkbox"/>	CHEMISTRY SINGLE TESTS
<input type="checkbox"/>	84460 ALT (SGPT)
<input type="checkbox"/>	82150 AMYLASE
<input type="checkbox"/>	84450 AST (SGOT)
<input type="checkbox"/>	82247 BILIRUBIN, TOTAL- ADULT
<input type="checkbox"/>	84520 BUN
<input type="checkbox"/>	82310 CALCIUM
<input type="checkbox"/>	82550 CPK
<input type="checkbox"/>	82565 CREATININE
<input type="checkbox"/>	82728 FERRITIN
<input type="checkbox"/>	82746 FOLATE R
<input type="checkbox"/>	82947 GLUCOSE, ___HRS PP
<input type="checkbox"/>	83036 HEMOGLOBIN A1C LAV
<input type="checkbox"/>	84132 POTASSIUM
<input type="checkbox"/>	83690 LIPASE

<input type="checkbox"/>	83735 MAGNESIUM
<input type="checkbox"/>	84100 PHOSPHORUS
<input type="checkbox"/>	83970/82310/82565/84100 PTHINT INTACT PTH-Fasting preferred SST & LAV
<input type="checkbox"/>	82043 / 82570 RMA RAND URINE PROT/CREAT RATIO
<input type="checkbox"/>	84295 SODIUM
<input type="checkbox"/>	84443 TSH
<input type="checkbox"/>	84550 URIC ACID
<input type="checkbox"/>	82607 VITAMIN B12
<input type="checkbox"/>	82746/82607 VITAMIN B12/FOLATE
<input checked="" type="checkbox"/>	THERAPEUTIC DRUGS
	DATE AND TIME OF LAST DOSE: _____
<input type="checkbox"/>	80162 DIGOXIN
<input type="checkbox"/>	80185 DILANTIN R
<input type="checkbox"/>	80170 GENTAMYCIN <input type="checkbox"/> PEAK <input type="checkbox"/> TROUGH
<input type="checkbox"/>	80178 LITHIUM
<input type="checkbox"/>	80156 TEGRETOL (CARBAMAZEPINE)
<input type="checkbox"/>	80164 VALPROIC ACID (DEPAKOTE)
<input type="checkbox"/>	80202 VANCOMYCIN <input type="checkbox"/> PEAK <input type="checkbox"/> TROUGH
<input checked="" type="checkbox"/>	SPECIAL CHEMISTRY
<input type="checkbox"/>	86592 RPR SYPHLIS SCREEN
<input type="checkbox"/>	84165 SPEP SERUM PROT ELECTROPHORESIS
<input type="checkbox"/>	86706 HEPATITIS B SURFACE AB
<input checked="" type="checkbox"/>	OTHER TESTING
<input type="checkbox"/>	GLUCOSE TOLERANCE (OB) <input type="checkbox"/> 82950 1 HOUR <input type="checkbox"/> 82947 (X2) 2 HOUR POST MEAL <input type="checkbox"/> 82947 (X4) 3 HOUR TOLERANCE
<input type="checkbox"/>	84703 SERUM PREG
<input type="checkbox"/>	81025 URINE PREG
<input type="checkbox"/>	84702 BETA HCG QUANT
<input type="checkbox"/>	82670 ESTRADIAL
<input type="checkbox"/>	84144 PROGESTERONE
<input type="checkbox"/>	83001 (+ 83002) LH/FSH

<input checked="" type="checkbox"/>	24 HOUR URINE TESTS
<input type="checkbox"/>	82575 CRCL GREAT CLEARANCE W/ SERUM
<input type="checkbox"/>	82340 UCA CALCIUM
<input type="checkbox"/>	84166 UPEP URINE PROTEIN ELECTROPHORESIS
<input type="checkbox"/>	84156 UPROT TOTAL URINE PROTEIN

24 hour urine containers can be picked up at any Kaiser Permanente laboratory location.

No appointments necessary for routine laboratory testing at any Kaiser Permanente lab facility

No specimens will be accepted at any Kaiser Permanente facility

To Order Any Other Test,
 Provider must call: 303-743-5330

The tests on this requisition have been approved by the attending physician.

Provider signature _____

Date _____

DRAW SITE _____	# OF STICKS _____	UNABLE TO DRAW _____	Physician notified? YES NO
SST _____	LAVENDER _____	RED _____	BLUE _____ GREEN _____ GRAY _____ URINE _____ STOOL _____ SWAB _____
COMMENTS: _____	LABORATORY LOCATION _____	RECEIVED BY: _____	