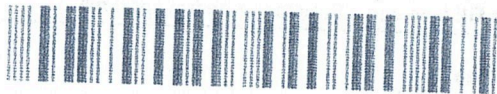


212312023



49100638-4 4415336-3

AUM NURSING CARE CENTER

ACCOUNT #:
NAME: 7461 EAST DRIVE #102
ADDRESS: MONTGOMERY, AL 36117
CITY, STATE, ZIP

TELEPHONE: 334-244-3201

RATL0000

DATE COLLECTED TIME ☐ AM ☐ PM TOTAL VOL/HRS. ☐ Fasting ☐ Non Fasting
: ML HR

NPI/UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYERS (MUST BE INDICATED)

() 1700037614 FATHALLAH-SHAYKH
() 1720040275 TUCK, PAMELA F

Lindsey Barton, CRNP

NPI/UPIN 1215285879

ADDIT'L PHYS.: Dr.

NON-PHYSICIAN PROVIDER: NAME

Fax Results to: (334) 244-3390

Send Client # OR NAME:

Duplicate ADDRESS:

Report to: CITY: Same as above

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

34392 ☐ Electrolyte Panel
10256 ☐ Hepatic Function Panel
10165 ☐ Basic Metabolic Panel
10231 ☒ Comp Metabolic Panel
B7600 ☐ Lipid Panel, Standard
B14852 ☐ Lipid Panel w/Reflex D-LDL
@20210 ☐ Obstetric Panel w/Reflex
93802 ☐ Obstetric Panel with Fourth Generation HIV w/Reflex
10306 ☐ Hepatitis Panel, Acute w/Reflex
10314 ☐ Renal Function Panel
36336 ☐ Celiac Disease Comp Panel w/Reflex

HEMATOLOGY

@510 ☐ Hemoglobin
@509 ☐ Hematocrit
@1759 ☐ CBC (H/H, RBC, Indices, WBC, PLT)
@6399 ☐ CBC (Includes Diff/Plt)
B8847 ☐ PT with INR
@763 ☐ PTT, Activated

OTHER TESTS

7788 ☐ ABO Group & Rh Type
223 ☐ Albumin
6517 ☐ Albumin, Random Urine W/Creatinine
234 ☐ Alkaline Phosphatase
823 ☐ ALT
243 ☐ Amylase
249 ☐ ANA Screen, IFA, w/Reflex Titer and Pattern
5149 ☐ Antibody ID, Titer and Typing, RBC
795 ☐ Antibody Scr, RBC w/Ref ID, Titer and AG
822 ☐ AST
285 ☐ Bilirubin, Direct
287 ☐ Bilirubin, Total
4420 ☐ C-Reactive Protein (CRP)

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Pro-BNP test code: 11188

BILL TO:

☐ My Account
☒ Insurance Provided
☐ Lab Card/Select
☐ Patient

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

LETT TODD

REGISTRATION # (IF APPLICABLE)

DATE OF BIRTH M M D D YEAR
01/19/1985

LAB REFERENCE #

CELL PHONE

PATIENT PHONE

(205) 707-0147

PATIENT ID # / MRN

5077

PATIENT EMAIL ADDRESS

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

LETT TODD

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

8948 Bighorn Trail

CITY

PIKE ROAD

STATE

AL

ZIP

36004

RELATIONSHIP TO INSURED: ☒ SELF ☐ SPOUSE ☐ DEPENDENT

PRIMARY INSURANCE CO. NAME

BCBS

MEMBER / INSURED ID NO. #

GROUP #

INSURANCE ADDRESS

CITY

STATE

ZIP

ABN required for tests with these symbols

Medicare Limited Coverage Tests

@ = May not be covered for the reported diagnosis.
F = Has prescribed frequency rules for coverage.
& = A test or service performed with research/experimental kit.
B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

Visit QuestDiagnostics.com/MLCP for Medicare coverage guidelines

ICD Codes (enter all that apply)

I10 R00.9
R03.9 Z86.39

303 ☐ Calcium
11173 ☐ CCP Ab IgG
B334 ☐ Cholesterol, Total
374 ☐ CK, Total
375 ☐ Creatinine
8459 ☐ Creatinine, Random Urine
B8293 ☐ Direct LDL
402 ☐ DHEA Sulfate, Immunoassay
15064 ☐ Endomysial Antibody Screen (IgA) w/Reflex Titer
4021 ☐ Estradiol
11290 ☐ Fecal Globin by Immunochemistry
@457 ☐ Ferritin
B466 ☐ Folate, Serum
470 ☐ FSH
B482 ☐ GGT
8477 ☐ Glucose, Gestational Screen (50g), 135 cutoff GY
19833 ☐ Glucose, Gestational Screen (50g), 140 cutoff GY
B483 ☐ Glucose, Serum
8435 ☐ hCG, Total, QL
B8396 ☐ hCG, Total, QN
35645 ☐ HCV RNA, Quantitative Real Time PCR
B496 ☒ Hemoglobin A1c
B16802 ☐ Hemoglobin A1c w/eAG
508 ☐ Hepatitis A Ab, Total
499 ☐ Hep B Surface Ab Qual
498 ☐ Hep B Surface Ag w/Reflex Confirm
8472 ☐ Hep C Antibody w/Reflex to Quant
94345 ☐ Hepatitis C Ab w/Reflex to HCV RNA, QN, PCR w/Reflex Genotype Lipa
11348 ☐ HCV RNA, QN PCR w/Reflex Genotype, LIPA[®]
91431 ☐ HIV-1/2 AG/AB, 4th w/Reflex
16185 ☐ HIV 1 RNA, QL TMA
B10124 ☐ hs CRP
6447 ☐ HSV 1/2 IGG, Type Specific AB
539 ☐ Immunoglobulin A
561 ☐ Insulin
@7573 ☐ Iron and Total Iron Binding Capacity

@571 ☐ Iron
593 ☐ LD
599 ☐ Lead, Blood
615 ☐ LH
606 ☐ Lipase
6646 ☐ Lyme Disease Ab w/Reflex to Blot (IgG, IgM)
8593 ☐ Lyme Disease AB (IGG, IGM), Immunoblot
622 ☐ Magnesium
964 ☐ Measles Antibody (IGG)
8624 ☐ Mumps Virus Antibody (IGG)
5259 ☐ MMR
718 ☐ Phosphate (As Phosphorus)
733 ☐ Potassium
745 ☐ Progesterone
746 ☐ Prolactin
747 ☐ Protein, Total And Protein Electrophoresis
1715 ☐ Protein, Total W/Creat, Random Urine
B5363 ☐ PSA, Total
Tuberculosis Screening
37737 ☐ T-SPOT[®], TB (*see back for add'l instructions) GR
36970 ☐ QuantiFERON[®]-TB Gold Plus, 1 Tube GR
8837 ☐ PTH, Intact & Calcium
4418 ☐ Rheumatoid Factor
799 ☐ RPR (Monitoring) w/Reflex Titer
36126 ☐ RPR (DX) w/Reflex Titer and Confirmatory Testing
802 ☐ Rubella Immune Status
COVID-19 Testing
39448 ☐ SARS-CoV-2 RNA (COVID-19), Qualitative NAAT (*see back for add'l instructions)
39504 ☐ SARS-CoV-2 Serology (COVID-19) Antibody (IgG), Immunoassay
809 ☐ Sed Rate by Mod West
36170 ☐ Testosterone, Free (Dialysis) and Total, MS
18944 ☐ Testosterone, Free
15883 ☐ Testosterone, Total, MS
873 ☐ Testosterone, Total, Males (Adult), IA
267 ☐ Thyroglobulin Antibodies
5081 ☐ Thyroid Peroxidase Antibodies (TPO)
8821 ☐ Tissue Transglutaminase Ab, IGA

11070 ☐ Tissue Transglutaminase IgG
B896 ☐ Triglycerides
B899 ☐ TSH
B36127 ☐ TSH w/Reflex T4, Free
34429 ☐ T3, Free
859 ☐ T3, Total
B867 ☐ T4 (Thyroxine), Total
B866 ☐ T4 (Thyroxine), Free
6448 ☐ Urinalysis Macroscopic
7909 ☐ Urinalysis Reflex
5463 ☐ Urinalysis, Complete
@3020 ☐ UA, Complete, w/Reflex Culture*
294 ☐ Urea Nitrogen (BUN)
905 ☐ Uric Acid
4439 ☐ Varicella-Zoster Virus Ab (IgG)
B7065 ☐ Vitamin B12/Folate, Serum Panel
927 ☐ Vitamin B12
16558 ☐ Vitamin D 1,25
B17306 ☐ Vitamin D, 25-Hydroxy, Total, Immunoassay

MICROBIOLOGY

Source (Required)

4550 ☐ Culture, Aerobic Bacteria*
4485 ☐ Culture, Group A Strep*
5617 ☐ Culture, Group B Strep*
394 ☐ Culture, Throat*
@395 ☐ Culture, Urine, Routine*(Inc. Indwelling Cath.)

Amplified Specimen Type (Aptima)

☐ Endocervical ☐ Urethral ☐ Urine
11363 ☐ Chlamydia & N. gonorrhoeae RNA, TMA

Stool Pathogens

34838 ☐ H. pylori Ag, EIA Stool
14839 ☐ H. pylori Urea Breath Test
681 ☐ Ova And Parasites, Conc and Perm Smear

* Additional charge for ID and Susceptibilities

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COMMENTS, CLINICAL INFORMATION:

Physician Signature (Required for PA, NY, NJ & WV)

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

TOTAL TESTS ORDERED

5

RECEIVED

49100638

4415336

4415336

NAME:

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