

One Time Testing/ New Patient Order

Clinic Location: Smithville Dialysis Clinic
Dr : Tom Smith

Patient Name: Doe, Jane M
(last name, first, middle initial)
Modality: Hemo *PD* *HH*
DOB: 1/2/1950 **SS# : 111-22-3333**
MR # _____

Critical Information:
Name, DOB/SS#, Clinic
Location and Dr

Draw Date: 4/1/2008

Requested testing must be checked off and accompanied by a valid ICD-9 code

CMS requires all ordered test must have a Physician's signature with diagnosis. The medical necessity for tests ordered must be noted in the patient's permanent medical record.

Panels listed below are example panels Meridian Laboratory offers. Tests may be added or deleted.

O=As needed per center protocol, M=Monthly, Q=Quarterly, S=Semi-Annual, Y=Yearly

Composite Panel (Medicare Patients billed to facility.) **ICD9** 111.1

(Albumin, Alkaline Phosphatase, BUN, CO2, Calcium, Chlonda, LDH, Phosphorus, Potassium, AST, Total Protein, CBC, Creatinine)

Chemistry	<input checked="" type="checkbox"/>	ICD9	Trace Elements	<input checked="" type="checkbox"/>	ICD9
Sodium	<input checked="" type="checkbox"/>	222.2	Aluminum		
Potassium			Hematology		
Magnesium	<input checked="" type="checkbox"/>	333.3	CBC		
Albumin			CBC w/diff	<input checked="" type="checkbox"/>	212.2
Calcium			Reticulocyte		
Phosphorus			Hemoglobin/Hematocrit		
Ca/Phos			Platelet Count		
PTH - Intact	<input checked="" type="checkbox"/>	444.4	Infectious Disease		

- This form is intended for **New Patient admission lab work** or submission of specimens that have not been ordered through MLC Web Station
- This form **must** be submitted **with** specimens. **Do Not Fax**