



6858 W. Archer Ave ▪ Chicago, IL 60638 P: 773-788-1577 ▪ F: 773-788-1579

DATE: _____ CLIENT OFFICE NAME: _____

ORDERING PHYSICIAN: _____ NPI #: _____

PHONE#: _____ FAX# _____

PATIENT INFORMATION

NAME: _____

ADDRESS: _____

PATIENT/CONTACT PHONE #: _____

DOB: _____ SEX: _____

INSURANCE INFORMATION

MEDICARE: _____

OTHER: _____

TESTS TO BE PERFORMED

- | | | | | |
|---|--------------------------------------|--------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> HEALTH PROFILE | <input type="checkbox"/> CBC W. DIFF | <input type="checkbox"/> LIPID PANEL | <input type="checkbox"/> CMP | <input type="checkbox"/> ESR |
| <input type="checkbox"/> BMP | <input type="checkbox"/> VIT. B12 | <input type="checkbox"/> VIT-D25 | <input type="checkbox"/> PSA | <input type="checkbox"/> PT/INR |
| <input type="checkbox"/> CEA | <input type="checkbox"/> TSH | <input type="checkbox"/> HGB A1C | <input type="checkbox"/> RENAL PNL | <input type="checkbox"/> URINALYSIS |
| <input type="checkbox"/> VIT B12/FOLATE | <input type="checkbox"/> FERRITEN | <input type="checkbox"/> URINALYSIS | <input type="checkbox"/> DILANTIN | <input type="checkbox"/> DIGOXIN |
| <input type="checkbox"/> T3 TOTAL | <input type="checkbox"/> T4 TOTAL | <input type="checkbox"/> T3 FREE | <input type="checkbox"/> T4 FREE | <input type="checkbox"/> RPR |
| <input type="checkbox"/> PTT | <input type="checkbox"/> HEPATIC FNL | <input type="checkbox"/> URIC ACID | | |

CULTURE: URINE BLOOD WOUND

OTHER: _____

DIAGNOSIS RELATING TO TEST: _____

NEXT DAY STANDING ORDER COMPLETED BY: _____

FASTING

FOR CCL USE ONLY

COLLECTION DATE: _____ TIME: _____ BY: _____