



100B

TO PRE-REGISTER, CALL 667-6326 OR 1-888-922-9633 or www.mclaren.org/bayregion/onlinepreregistration

STAT - EXPEDITE RESULTS TO:
Fax Call (Number)

BILLING INFORMATION
PRIMARY INSURANCE MEDICARE MEDICAID OTHER
INSURANCE COMPANY NAME
INSURANCE MEMBER / ID # GROUP #
INSURANCE ADDRESS SUBSCRIBER NAME
MEDICARE / MEDICAID # SUBSCRIBER DOB
SECONDARY INSURANCE MEDICARE MEDICAID OTHER
INSURANCE COMPANY NAME
INSURANCE MEMBER / ID # GROUP #
INSURANCE ADDRESS SUBSCRIBER NAME
MEDICARE / MEDICAID # SUBSCRIBER DOB

PATIENT INFORMATION
PATIENT NAME
STREET ADDRESS
CITY STATE ZIP CODE
SOCIAL SECURITY NUMBER DATE OF BIRTH PATIENT TELEPHONE NUMBER
OTHER DIAGNOSIS IF NOT LISTED BELOW:

DIAGNOSIS CODES MUST BE MEDICALLY APPROPRIATE FOR THE PATIENT'S CONDITION AND CONSISTENT WITH DOCUMENTATION IN THE PATIENT'S MEDICAL RECORD
R94.5 ABNORMAL LIVER FUNCTION STUDIES
R10.9 ABDOMINAL PAIN UNSPCF SITE
N91.2 ABSENCE OF MENSTRUATION
D64.9 ANEMIA NOS
M25.50 ARTHRALGIA/JOINT PAIN
I25.10 ASHD NOS
J459.09 ASTHMA
I48.91 ATRIAL FIBRILLATION
R03.0 BLOOD PRESSURE, HIGH
K92.1 BLOOD IN STOOL
N40.0 BPH, BENIGN PROSTATIC HYPERTROPHY
N72 CERVICITIS
R07.9 CHEST PAIN
J44.9 CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)
D68.9 COAGULATION DEFECTS
Z12.11 COLORECTAL SCREENING, COLON
Z12.12 COLORECTAL SCREENING, RECTUM
I50.9 CONGESTIVE HEART FAILURE
K59.00 CONSTIPATION
I25.10 CORONARY ARTERY DISEASE
R05 COUGH
E11.9 DIABETES MELLITUS
R197 DIARRHEA
R42 DIZZINESS AND GIDDINESS
R30.0 DYSURIA
R60.9 EDEMA
E87.8 ELECTROLYTE IMBALANCE
R53.83 FATIGUE AND MALAISE
R56.00 FEBRILE CONVULSIONS
R50.9 FEVER
K52.9 GASTROENTERITIS
K21.9 GERD
M10.9 GOUT
R51 HEADACHE
R31.9 HEMATURIA
K75.9 HEPATITIS
E34.9 HORMONE IMBALANCE
E78.00 HYPERCHOLESTEROL
R73.9 HYPERGLYCEMIA
E78.5 HYPERLIPIDEMIA/DYSLIPIDEMIA
I10 HYPERTENSION, BENIGN
I10 HYPERTENSION, ESSENTIAL
E05.90 HYPERTHYROIDISM
E16.2 HYPOGLYCEMIA OVER AGE 28 DAYS
E03.9 HYPOTHYROIDISM
P59.9 JAUNDICE NEWBORN
R17 JAUNDICE, UNSPECIFIED
Z79.01 LONG TERM USE OF ANTICOAGULANTS
Z79.899 LONG TERM USE OF OTHER MEDS
R11.0 NAUSEA ALONE
R11.2 NAUSEA WITH VOMITING
E66.9 OBESITY NOS
Z34.90 PREGNANCY
N41.9 PROSTATITIS
N40.1 PROSTATE ENLARGED(BPH) W/URIN. OBSTR.
Z12.5 PSA SCREEN
N28.9 RENAL & URETERAL DIS NOS
R56.9 SEIZURE NOS
R06.02 SHORTNESS OF BREATH
J02.9 SORE THROAT
R55 SYNCOPES AND COLLAPSE
Z51.81 THERAPEUTIC DRUG MONITORING
E07.9 THYROID DISORDER
J06.9 URI (UPPER RESPIRATORY)
R32 URINARY INCONTINENCE
N39.0 URINARY TRACT INFECTION
N76.0 VAGINITIS OR VULVITIS
N89.8 VAGINAL DISCHARGE
E55.9 VITAMIN D DEFICIENCY
R11.10 VOMITING ALONE
R63.4 WEIGHT LOSS

PATIENT SHOULD BE FASTING HOURS, NOTHING TO EAT OR DRINK PRIOR TO BLOOD DRAWING 12 HRS. 8 HRS.

SAMPLE COLLECTION DATE / TIME

ORGAN / DISEASE PANELS
ELECTROLYTE PANEL
HEPATIC (LIVER) FUNCTION PANEL
BASIC METABOLIC PANEL
COMP METABOLIC PANEL
LIPID PANEL
OBSTETRIC PANEL W/REFLEX
RENAL FUNCTION PANEL
HEPATITIS PANEL ACUTE W/REFLEX

OTHER TESTS
ALBUMIN
ALK PHOS
AMYLAASE
ANA
B-12 FOLATE
BETA 2 MICROGLOBULIN
BILIRUBIN TOTAL
BILIRUBIN DIRECT
BNP PRO
BUN
CA 125
CALCIUM
CEA
CHOLESTEROL TOT.
CHOLESTEROL HDL
CHOLESTEROL LDL
CPK
CK-MB
CREATININE WITH GFR
CRP
CRP, HIGH SENS.
DIGOXIN
DILANTIN
ELECTROPHORESIS
ESR WESTEGREN
FERRITIN
FSH LH
GGTP (GGT)
GLUCOSE: FASTING RANDOM
GLUCOSE TOL
HCG, BETA SUB UNIT
TUMOR MARKER
DIRECT LDL
HEMOGLOBIN A1C

HEMATOLOGY / BLOOD BANK
ABO/RH TYPING
TYPE AND SCREEN
HEMOGLOBIN
HEMATOCRIT
CBC WITH DIFF
CBC WITHOUT DIFF
PLATELET FUNCTION TEST
PLAVIX EFFECT ON PLATELETS
PT WITH INR
PTT, ACTIVATED
RETIC
SED RATE

URINE
Urinalysis Reflex
Urinalysis with Microscopic
Urinalysis with Microscopic, Culture if Indicated
PROTEIN 24HR
CREATININE CLEARANCE 24HR
U MICROALB + ALB/CREA RATIO

STOOL
OCCULT BLD
OCCULT BLD SCR, COLON
OCCULT BLD SCR, RECTUM
OVA & PARASITES
MICROBIOLOGY
ROUTINE CULTURE / SOURCE
URINE CULTURE / MIDSTREAM
THROAT CULTURE
STREP A SCREEN CULTURE / THROAT
RAPID STREP A ANTIGEN / THROAT
GENITAL CULTURE / SOURCE
STOOL CULTURE (SHIG, SAL, CAMPY, E COLI 157, VIBRIO)
OTHER (SPECIFY)

OTHER TESTS:
Empty box for additional tests.

SIGNATURE OF PHYSICIAN X DATE SIGNED TIME COPY OF REPORT TO:

For any patient of any payer (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.



TESTS MAY REQUIRE ADVANCED BENEFICIARY NOTICE (ABN) LABORATORY OUTPATIENT TEST REQUEST FORM
FREQUENCY LIMITS MAY REQUIRE ABN LABORATORY PHONE (989) 894-3752 FAX (989) 894-5744