



92705180-0 4874890-0

ACCOUNT # GROUP  
NAME: 1805 E DYER RD STE 110  
ADDRESS: SANTA ANA, CA 92705-5742  
TELEPHONE # MAILROOM 949-955-0022

**DID YOU KNOW**  
Panel Components Are Listed On The Back.  
Reflex Tests Are Performed At An Additional Charge.  
PSC Appointment Website And Telephone Number Information Listed On The Back.  
Each Sample Should Be Labeled With At Least Two Patient Identifiers At Time Of Collection.  
Add A Patient To TestMinder By Adding Their Email Address On The Back.

- BILL TO:**
- MY ACCOUNT
  - PATIENT
  - MEDICARE
  - RAILROAD MEDICARE
  - Medi-Cal
  - Lab Card/Select
  - OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

PATIENT ID / REGISTRATION # DATE OF BIRTH M M D D YEAR SEX

ROOM # LAB REFERENCE #

PATIENT SOCIAL SECURITY # PATIENT PHONE # ( )

PATIENT STREET ADDRESS APT. # KEY #

CITY STATE ZIP

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

INSURED ADDRESS CITY STATE ZIP

DATE COLLECTED TIME  AM  PM TOTAL VOL/HR.  Fasting  Non Fasting

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

( ) 1952419558 BANSHAD, SHAHRIAR

ADDIT'L PHYS.: Dr. NPI/UPIN

NON-PHYSICIAN PROVIDER: NAME I.D.#

Fax Results to: ( )

Client # OR NAME: ADDRESS: CITY: STATE ZIP

**PRIMARY INSURANCE**

RELATIONSHIP TO INSURED  SELF  SPOUSE  DEPENDENT

INSURANCE COMPANY NAME / IPA NAME

INSURANCE COMPANY ADDRESS CITY ST ZIP

INSURANCE ID # GROUP # / DATE OF INJURY

MEDICARE # MEDI-CAL #

EMPLOYER NAME / EMPLOY

Medical Coverage Tests @ = May not be covered for the reported diagnosis. F = Has prescribed frequency rules for coverage. A = A test of sensitivity performed with research/experimental kit. B = Has both diagnosis and frequency-related coverage limitations.

Provide signed ABN when necessary

**ICD-9 Codes (enter all that apply)**

- Panel Components on Back**
- ORGAN / DISEASE PANELS**
- 34392  Electrolyte Panel S
  - 10256  Hepatic Function Panel S
  - 10165  Basic Metabolic Panel w/eGFR S
  - 10231  Comp Metabolic Panel w/eGFR S
  - B 7600  Lipid Panel (Fasting Specimen) S
  - B 14852  Lipid Panel w/Reflex DLDL S
  - @ 20210  Obstetric Panel w/Reflex 2L,S
  - @ 10306  Hepatitis Panel, Acute w/Reflex S

- HEMATOLOGY**
- @ 510  Hemoglobin L
  - @ 509  Hematocrit L
  - @ 1759  CBC (Hgb, Hct, RBC, WBC, Plt) L
  - @ 6399  CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
  - B 8847  PT with INR B
  - @ 763  PTT, Activated B

- OTHER TESTS**
- 7788  ABO Group & Rh Type L
  - 223  Albumin (Alb) S
  - 234  Alkaline Phosphatase (AP) S
  - 823  ALT (SGPT) S
  - 243  Amylase S
  - 249  ANA w/Reflex Titer S
  - 795  Antibody Scr, RBC w/Reflex ID L
  - 822  AST (SGOT) S
  - 285  Bilirubin, Direct (DBili) S
  - 287  Bilirubin, Total (TBili) S
  - 4420  C-Reactive Protein S
  - @ 29256  CA 125 S

- OTHER TESTS (continued)**
- 303  Calcium (Ca) S
  - 310  Carbon Dioxide (CO2) S
  - 10124  Cardiac Troponin I S
  - B 978  CEA S
  - 330  Chloride S
  - B 334  Cholesterol, Total (TChol) S
  - 275  Creatinine (Cr) w/eGFR S
  - Digoxin SR
  - B 8295  HDL S
  - @ 457  Ferritin S
  - 466  Folic Acid S
  - 470  FSH S
  - B 482  GGT S
  - 8477  Glucose, Gest. Scr. GY
  - B 484  Glucose, Plasma GY
  - B 483  Glucose, Serum (Glu) S
  - 8435  hCG, Serum, Qual S
  - B 8396  hCG, Serum, Quant S
  - B 608  HDL S
  - B 496  Hemoglobin A1c L
  - 512  Hep A Ab, IgM S
  - 4848  Hep B Core Ab, IgM S
  - 499  Hep B Surface Ab Qual S
  - 498  Hep B Surface Ag w/Reflex Confirm S
  - 8472  Hep C Virus Ab S
  - B 19728  HIV-1/HIV-2 Scr w/Reflexes S
  - @ 7573  Iron (Tot), IBC % Sat S
  - @ 571  Iron, Total S
  - 593  LDH S
  - 599  Lead (B) TN
  - 615  LH S

- 713  Lithium S
- 722  Magnesium S
- 717  Microalbumin, Random Urine w/Creat S
- 755  Microalbumin, 24 Hour Urine, w/o Creat S
- Occult Blood, Feces - Guaiac S
- 35301  DX F 33306  MCR Scr
- Occult Blood, Feces - FIT, InSure® S
- @ 11290  DX F 11293  MCR Scr
- 713  Phenytoin SR
- 718  Phosphorus S
- 733  Potassium (K) S
- 745  Progesterone S
- 746  Prolactin S
- 754  Protein, Total (TP) S
- @ 5363  PSA, Total S
- 4418  Rheumatoid Factor S
- 799  RPR (Monitoring) w/Reflex Titer S
- 36126  RPR (DX) w/Reflex Confirm S
- 802  Rubella IgG S
- 809  Sed Rate By Med West L
- 836  Sodium (Na) S
- 873  Testosterone, Total, Male S
- B 896  Triglycerides (Trig) S
- B 899  TSH S
- B 36127  TSH w/Reflex T4, Free S
- 859  T3, Total S
- B 861  T3 Uptake S
- B 867  T4 (Thyroxine), Total S
- B 866  T4 (Thyroxine), Free S
- 6448  UA, Dipstick Only U
- 7909  UA, Dipstick w/Reflex Microscopic U
- 5463  UA, Complete (Dipstick & Microscopic) U
- @ 3020  UA, Complete, w/Reflex Culture S

- 294  Urea Nitrogen (BUN) S
- 905  Uric Acid S
- 916  Valproic Acid SR
- 7065  Vitamin B12/Folic Acid S
- 927  Vitamin B12 S
- 17306  Vitamin D, 25 Hydroxy, LC/MS/MS SR

- MICROBIOLOGY**
- Source (Required)
- 4485  Culture, Group A Strep\*
  - 5617  Culture, Group B Strep\*
  - 4558  Culture, Genital\*
  - 394  Culture, Throat\*
  - @ 395  Culture, Urine, Routine\* (Inc. Indwelling Cath.)
  - 8502  Chlamydia DNA Probe, Endocx Or M/Uret
  - 8501  N. gonorrhoeae (GC) DNA Probe, Endocx Or M/Uret
  - 6919  Chlamydia & N. gonorrhoeae w/Reflex ID, DNA Probe, Endocx Or M/Uret

- Amplified Specimen Type (please check one)**
- Endocervical  Urethral  Urine
- 17303  Chlamydia DNA, SDA
  - 17304  N. gonorrhoeae (GC) DNA, SDA
  - 17305  Chlamydia & N. gonorrhoeae DNA, SDA

- Stool Pathogens** (Campy, Salm/Shigella, DNA Probe, Endocx Or M/Uret)
- 10108  Culture, Stool, Shiga toxins w/Reflex\*
  - 4475  Culture, Campylobacter\*
  - 10019  Culture, Salmonella/Shigella\*
  - 681  O & P w/Permanent Stain
  - 30264  Shiga Toxins, EIA w/Reflex E coli cult
- \* Additional charge for ID and Susceptibilities

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE) Reflex tests are performed at an additional charge.

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COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

Patient Signature

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

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