



Place Patient Label
Inside This Box

**Physician Requisition for Imaging and
Lab Preventative Tests – Moore Campus**

Patient Name (Last, First, Middle):		Clinic / Outreach Site (Required)													
Address :		Social Security #:	Sex:												
City, State:	Zip Code:	Date of Birth:	Race:												
SPECIMEN COLLECTION INFORMATION (REQUIRED)		Mark test number and insert ICD-10 Code. For tests with a "#" sign, please call for an appointment.													
<input type="checkbox"/> STAT <input type="checkbox"/> FASTING	Date and Time Collected : <input type="checkbox"/> AM <input type="checkbox"/> PM	If scheduling by fax, please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient. If making appointment by phone, please call (910) 715-2778 or (866) 415-2778. Please provide all insurance information.													
ANTIBIOTIC/ANTICOAGULANT THERAPY	COLLECTOR'S INITIALS														
Results To: Phone:	Fax:														
Provider Name (Required)															
Provider Signature (Required)	Date / Time (Required)														
TEST	CPT CODE	Enter/Ck DX CODE	FREQUENCY												
# Ultrasound Screening AAA (Abdominal Aortic Aneurysm)	<input type="checkbox"/> 76706		Once in a lifetime. Referred as result of IPPE: <input type="checkbox"/> Yes <input type="checkbox"/> No												
# Screening Mammogram	<input type="checkbox"/> 77067-52 Unilateral <input type="checkbox"/> 77067 Bilateral	<input type="checkbox"/> Z12.31	Age 35-39 yrs. - 1 Baseline >Age 40 - Annually												
# Bilateral Bone Mass Measurement	<input type="checkbox"/> 77080 <input type="checkbox"/> 77081		Every 24 months, More frequent if medical necessary												
# Colorectal Cancer Screening Barium Enema (Alternative to a covered flexible sigmoidoscopy)	<input type="checkbox"/> G0120		Every 48 months and Every 24 months for high risk.												
Occult Blood Cancer Screen	<input type="checkbox"/> 82270		FOBT every year												
Cardiovascular Blood Tests															
Lipid Panel Preventive	<input type="checkbox"/> 80061	<input type="checkbox"/> Z13.6	Every 5 years												
Cholesterol Preventive	<input type="checkbox"/> 82465														
HDL Cholesterol Preventive	<input type="checkbox"/> 83718														
Triglycerides Preventive	<input type="checkbox"/> 84478														
Diabetes Screening Tests															
Glucose Level Preventive	<input type="checkbox"/> 82947	<input type="checkbox"/> Z13.1	• Two screening tests per year if diagnosed with pre-diabetes. • One screening per year if previously tested, but not diagnosed with pre-diabetes, or if never tested.												
Glucose Challenge Preventive	<input type="checkbox"/> 82950														
Glucose Tol Non-preg Preventive	<input type="checkbox"/> 82947 & 82950														
Hemoglobin A1C Preventive	<input type="checkbox"/> 83036	<input type="checkbox"/> R73.09	Only following abnormal glucose												
Prostate Cancer Screening															
PSA Cancer Screen Preventive	<input type="checkbox"/> G0103	<input type="checkbox"/> Z12.5	Annually for all males ≥50 yrs												
HIV Screening															
HIV Rapid Screen Preventive	<input type="checkbox"/> G0435	Primary <input type="checkbox"/> Z11.4	Annually for at-risk men/women Pregnant: 1st-when diagnosed preg 2nd- during third trimester 3rd- at labor												
HIV 1,2 Antibodies Preventive	<input type="checkbox"/> G0432	Pregnancy Dx _____													
STI Screening															
RPR Preventive	<input type="checkbox"/> 86592	Primary <input type="checkbox"/> Z11.3 Pregnancy Dx _____	RPR once annually at risk men.												
RPR Titer Preventive	<input type="checkbox"/> 86593		RPR, GC, or CT once annually at risk non-pregnant women.												
N. Gonorrhoeae PCR Preventive	<input type="checkbox"/> 87591		Pregnant women once per pregnancy; additional if at cont'd risk.												
Chlamydia Trach PCR Preventive	<input type="checkbox"/> 87491		GC/CT: 1-2 per pregnancy RPR: 1-3 per pregnancy HBSAg: 1-2 per pregnancy												
GC & Chlamydia PCR Preventive	<input type="checkbox"/> 87591 & 87491														
Hep B Surface AG Preventive	<input type="checkbox"/> 87340	Primary <input type="checkbox"/> Z11.59 Pregnancy Dx _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Pregnancy Dx:</td> <td>Normal</td> <td>At-Risk</td> </tr> <tr> <td>1st trimester</td> <td>Z34.91</td> <td>Please provide</td> </tr> <tr> <td>2nd trimester</td> <td>Z34.92</td> <td>specific Dx code</td> </tr> <tr> <td>3rd trimester</td> <td>Z34.93</td> <td>for pregnancy risk</td> </tr> </table>	Pregnancy Dx:	Normal	At-Risk	1 st trimester	Z34.91	Please provide	2 nd trimester	Z34.92	specific Dx code	3 rd trimester	Z34.93	for pregnancy risk
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