



Place Patient Label
Inside This Box

Physician Requisition for Outpatient
Laboratory Testing
Page 1 of 1

FirstHealth Moore Regional Hospital: Moore Richmond Hoke FirstHealth Montgomery Memorial Hospital

Patient Name (Last, First, Middle)				Clinic / Outreach Site (Required)				Provider NPI (Required)			
Address				Provider Name (Required)							
City, State				Zip Code				Date (Required):			
Social Security Number		Date of Birth		Sex		Race		BILL TO: <input type="checkbox"/> Patient Insurance <input type="checkbox"/> Client / Clinic/ Outreach Site			
SPECIMEN COLLECTION INFORMATION (REQUIRED)								REQUIRED: PLEASE INCLUDE FACE SHEET & PATIENT'S INSURANCE INFORMATION			
STAT _____ Fasting _____				Date and Time Collected				<input type="checkbox"/> MEDICARE (PRIMARY OR SECONDARY) ID#		<input type="checkbox"/> MEDICAID (PRIMARY OR SECONDARY) ID#	
ANTIBIOTIC / ANTICOAGULANT THERAPY				Collector's Initials				<input type="checkbox"/> COMMERCIAL – PLEASE INCLUDE COPY OF INSURANCE INFORMATION			
<input type="checkbox"/> Call Results to Phone:				<input type="checkbox"/> Fax Results to Fax:				Copy Results to (CC Recipient): Name: _____ Fax: _____			
CPT	Dx CODE	BLOOD BANK		CPT	Dx CODE	CHEMISTRY cont.		CPT	Dx CODE	MICROBIOLOGY cont.	
MULT		ABO / Rh		83302		LUTENIZING HORMONE (LH)		87070		SPUTUM CULTURE <i>includes Gram Stain</i>	
86923		CROSSMATCH RBC X		83735		MAGNESIUM		87045		STOOL CULTURE	
86901		RH IMMUNE SCREEN		MULT		MATERNAL SERUM SCREEN (QUAD)		87070		THROAT CULTURE	
99195		THERAPEUTIC PHLEBOTOMY		84100		PHOSPHORUS		87086		++ URINE CULTURE	
Pregnant or Transfused in Past 3 Months <input type="checkbox"/> YES <input type="checkbox"/> NO				84132		POTASSIUM		MULT		C DIFF PCR w/ REFLEX	
CPT	Dx CODE	BODY FLUID TESTING		84144		PROGESTERONE		MULT		GC and CHLAMYDIA by PCR	
82731		FETAL FIBRONECTIN		84146		PROLACTIN		89055		FECAL LEUKOCYTES	
87220		KOH (SKIN, HAIR, NAILS)		MULT		PROTEIN ELECTROPHORESIS SERUM		MULT		GIARDIA/CRYPTOSPRIDUM ANTIGEN	
89322		SEMEN ANALYSIS (FERTILITY)		MULT		PROTEIN ELECTROPHESIS + IFE		87641		MRSA SCREEN	
89321		SEMEN ANALYSIS (QUALITATIVE)		84155		PROTEIN, TOTAL		82272		OCCULT BLOOD DIAGNOSTIC	
87210		WET PREP		84153		PSA, FOLLOW-UP (LAB116)		82272		OCCULT BLOOD (CA SCREEN) x3	
CPT	Dx CODE	CHEMISTRY		G0103		PSA, SCREEN (LAB116A)		87880		STREP GROUP A RAPID	
82105		AFP TUMOR MARKER		83970		PTH		MULT		STAPH AUREAUS/MRSA PRE-OP	
82040		ALBUMIN		83970		PTH INTACT INTRAOPERATIVE (PTH.IO)		CPT	Dx CODE	SEROLOGY	
84075		ALKALINE PHOSPHATASE		80069		RENAL PANEL		86003		ALLERGENS INHALANTS/FOOD SE	
84460		ALT (SGPT)		Renal Panel = ALB, Ca, CO2, Cl, Creat., Glu, Phos, K, Na, BUN				86003		ALLERGENS REG2 RESPIRATORY	
82150		AMYLASE		84295		SODIUM		86038		+ ANA SCREEN	
84450		AST (SGOT)		84481		T3, FREE		86063		+ ASO SCREEN	
82607		B12		84439		T4, FREE		MULT		EXPOSURE PANEL- EMPLOYEE	
80048		BASIC METABOLIC PANEL		84480		T3, TOTAL		MULT		EXPOSURE PANEL – SOURCE PT	
Basic Metabolic Panel = Na, K, Cl, CO2, BUN, Glu, Creat., Ca				MULT		T4, TOTAL		87389		+ HIV 1,2, AB	
84702		BHCG QUANT		84443		TSH		87804		INFLUENZA A & B SCREEN	
82247		BILIRUBIN TOTAL		84402		TESTOSTERONE, FEMALE OR CHILD		86618		LYME DISEASE ACUTE RFX PANEL	
+82248		BILIRUBIN TOTAL & DIRECT		84402		TESTOSTERONE, MALE		86308		MONO SCREEN	
84520		BUN		84478		TRIGLYCERIDE		84703		PREGNANCY TEST (SERUM QUAL)	
86140		C-REACTIVE PROTEIN		84550		URIC ACID		86430		+ RHEUMATOID FACTOR	
86304		CA 125		80202		VANCOMYCIN, RANDOM		86780		TP SYPHILLIS	
82310		CALCIUM		80202		VANCOMYCIN, TROUGH		87807		RSV ANTIGEN SCREEN	
82378		CEA		82306		VITAMIN D 25 HYDROXY		86762		RUBELLA AB, IGG	
82465		CHOLESTEROL		CPT	Dx CODE	COAGULATION		CPT	Dx CODE	THERAPEUTIC DRUGS	
80053		COMPREHENSIVE METABOLIC PANEL		85576		PFA 100		80156		CARBAMAZEPINE (TEGRETOL)	
Comprehensive Metabolic Panel = ALB, T. Prot., Ca, T. Bili., Cl, Creat., Glu, ALK-P, K, Na, AST, BUN, BUN, ALT, CO2				85610		PT		80162		DIGOXIN	
				85730		PTT		80178		LITHIUM	
82533		CORTISOL		CPT	Dx CODE	HEMATOLOGY		80184		PHENOBARBITAL	
82565		CREATININE		85025		CBC W/ DIFFERENTIAL		80185		PHENYTOIN (DILANTIN)	
80051		ELECTROLYTE PANEL		85027		CBC W/O DIFFERENTIAL		80198		THEOPHYLLINE (AMINOPHYLINE)	
Electrolyte Panel = Na, K, Cl, CO2				85014		HCT		80164		VALPROIC ACID (DEPAKANE)	
82670		ESTRADIOL		+85018		H&H		CPT	Dx CODE	URINE TESTING	
82728		FERRITIN		85049		PLATELET COUNT		82575		CREAT CL (draw blood w/ urine)	
82746		FOLATE		85045			RETIC COUNT	82043		MICROALBUMIN, RANDOM	
83001		FSH						82570			
82947		GLUCOSE		85652		SED RATE		84156		TOTAL PROTEIN, 24 HR	
82950		GLUCOSE CHALLENGE 1 HR		85048		WBC W/ DIFFERENTIAL		81003		+ URINALYSIS ROUTINE	
MULT		* GLUCOSE TOLERANCE (PREGNANT)		CPT	Dx CODE	MICROBIOLOGY		81001		URINALYSIS W/ MICROSCOPIC	
MULT		* GLUCOSE TOLERANCE (NON-PREGNANT)		SOURCE OF CULTURE:				+87086		URINALYSIS W/ RFX TO CULTURE	
80076		HEPATIC FUNCTION PANEL									
Hepatic Function Panel = ALK-P, ALT, AST, T.Bili., D. Bili, ALB, T.Prot				++ SOURCE REQUIRED				PATHOLOGY/CYTOLOGY COMPLETE MANUAL PATHOLOGY/CYTOLOGY REQUISITION			
86706		HEPATITIS B SURFACE AB		87070			++ AEROBIC CULTURE (not for body fluid) <i>includes Gram Stain</i>		Dx CODE	MISCELLANEOUS	
87340		+ HEPATITIS B SURFACE AG									
86803		HEPATITIS C ANTIBODY, TOTAL		87070			++ AEROBIC / ANAEROBIC CULTURES (not for body fluid) <i>includes Gram Stain</i>				
80074		+ HEPATITIS PANEL, ACUTE		87075							
83036		HEMOGLOBIN A1C		87116			++ AFB CULTURE W/ SMEAR				
				87206							
83540		IRON		87040			BLOOD CULTURE				
MULT		IRON PANEL									
Iron Panel = Iron, Transferrin, TIBC				87070			++ BODY FLUID CULTURE <i>includes Gram Stain (FLUID only)</i>				
83721		LDL, DIRECT MEASURED TGL>400 ONLY		87070				EYE CULTURE <i>includes Gram Stain</i>			
83655		LEAD, WHOLE BLOOD		MULT			++ FUNGUS CULTURE				
83690		LIPASE		87081				GROUP B CULTURE			
80061		*LIPID PANEL		87070			RESPIRATORY CULTURE (for BAL/E.T.)				
				0240U				FLU A/B RSV & COVID PANEL APTIMA			
				0241U							

All cultures will include ID & Sensitivity if pathogen is present, unless a request not to do so is written above by Physician.
* Indicates patient must fast for 8 hours. No food or drink allowed, except for water.
+ Positive screening test will be confirmed with Titer or Reflex Test.

MOORE OUTPATIENT LABORATORY – (910) 715-2697, Mon – Fri, 6 a.m. - 5:30 p.m.

HOKE OUTPATIENT LABORATORY – (910-) 878-6670, Mon – Fri, 8 a.m. – 5 p.m.

RICHMOND OUTPATIENT LABORATORY – (910) 417-3268, Mon – Fri, 6 a.m. – 5 p.m.

MONTGOMERY OUTPATIENT DEPT – (910) 571-5156, Mon – Fri, 8 a.m. – 4:30 p.m.

LABORATORY COLLECTION CENTER ROCKINGHAM – (910) 417-3429, 8 a.m. – 5 p.m. Mon-Thu, 8 a.m. – 12 p.m. Fri

LABORATORY COLLECTION CENTER HAMLET – (910) 417-3382, 8 a.m. – 5 p.m. Mon-Thu, 8 a.m. – 12 p.m. Fri

ALL PATIENTS

- * Please be prepared to present health care insurance identification cards upon registration. With this information, we will allow credit on your account to the limit of benefits of your insurance coverage. You will be requested to pay any balance due at this time or make satisfactory arrangements for payment.
- * THANK YOU FOR CHOOSING FIRSTHEALTH FOR YOUR HEALTH CARE NEEDS.

PHYSICIAN OFFICE

- * **APPOINTMENT REQUIRED FOR:** Therapeutic Phlebotomy (performed at Moore and Richmond only) and Glucose Tolerance Tests require an appointment be made with the Laboratory. Please call the applicable department above to make an appointment.
- * **FAX LABORATORY ORDERS:** For all patients that will be sent to the laboratory for collection, fax Laboratory orders to 910-715-1177 at least 48 business hours prior to patient arriving for testing. If patient is expected to arrive the same day for testing, please have patient bring a paper copy of the order as well.
- * ICD-10 Codes must be provided for each test/panel ordered.
- * Medicare reimbursement may be denied for duplicate tests within the same calendar day and/or non-approved ICD-10 Codes.
- * Please check appropriate box below and furnish address, if applicable.

Vocational Rehabilitation

Authorization Number: _____

Liability

Address for any above
insurance: _____

Workers Compensation

Claim Number: _____

Carolina Access

PCP Number: _____

APPOINTMENT:	DATE / TIME DAY
For Glucose Tolerance or Therapeutic Phlebotomy only	