

Referring Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

From (Name): \_\_\_\_\_ Date: \_\_\_\_\_ #Pages or MM ID: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date Of Service: \_\_\_\_\_

Service Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: M F Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Location Type: Residence / Home RCFE / Facility Other: \_\_\_\_\_

Insurance: \_\_\_\_\_ Type: \_\_\_\_\_ Acct#: \_\_\_\_\_

Result To: Referring Provider Physician Other

Fax: \_\_\_\_\_ Fax: \_\_\_\_\_ Fax: \_\_\_\_\_

| SERVICE TYPE | Routine                                                                           | STAT Resulting (not all test apply) | Fasting | Patient to be drawn at home / facility and meets the homebound criteria. |
|--------------|-----------------------------------------------------------------------------------|-------------------------------------|---------|--------------------------------------------------------------------------|
|              | Courier Service for non-venipuncture specimen collection / pick-up only (\$65.00) |                                     |         |                                                                          |

Standing Order: Monthly Weekly Daily Other: \_\_\_\_\_ Start - End Date: \_\_\_\_\_

**SELECT ALL TESTS THAT APPLY** Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ Tech Int: \_\_\_\_\_

| INFECTIOUS PANELS                                                                                                                                                                | TESTS                                                                                                                                                                                                                                                                                            | THERAPEUTIC                                                                                                                                                                                                                                                                                                                                                                                  | OTHER TESTS                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| COVID-19 RT-PCR<br>COVID-19 Antibodies (IgG)<br>COVID-19 + Flu A/B Panel<br>Respiratory + Pneumonia Panel<br>Wound Panel (IS+Sens/Resist)<br>GI Panel (Org ID+C.diff PCR+OB+O/P) | Ammonia (frozen to lab)<br>BNP NT-pro-BNP<br>CBC w/ Auto-Diff and Platelets<br>CPK<br>CRP CRP(hs)<br>ESR (Sed Rate)<br>Ferritin<br>Hemoglobin A1c<br>Magnesium<br>Phosphorus<br>Prealbumin<br>PSA Free Total<br>TSH FT3 TT3 FT4 TT4<br>Uric Acid<br>Vitamin B12 Folate<br>Vitamin D 25-OH, Total | Digoxin (peripheral draw only)<br>Dilantin (peripheral draw only)<br>Vancomycin (peripheral draw only)<br><b>URINE EVALUATION</b><br>UTI Panel (UA+ID+Sens/Resist)<br>↳ Reflex<br>UTI Panel (UA+ID+Sens/Resist)<br><b>STOOL EVALUATION</b><br>GI Panel (Organism ID)<br>Fecal Occult Blood<br>C. difficile PCR<br>E. Pylori<br>Ova & Parasite<br><b>COAGULATION</b><br>PT/INR (Venipuncture) | Please provide other test(s), notes and ICD-10 codes that need to be added to this order.<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____<br>_____ |

| ICD-10 CODES |  |  |  |  |  |  |  |
|--------------|--|--|--|--|--|--|--|
|              |  |  |  |  |  |  |  |

Electronic Signature on File and Ordering Physician Approves

Ordering Physician: \_\_\_\_\_ Signature: \_\_\_\_\_ NPI# \_\_\_\_\_

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