

Tax ID #341623770

Date of Service _____
 _____ diagnostic
 _____ preventative

DIRECT ACCESS TESTING ORDER FORM

*(This is the only valid DAT form as of **6/1/2018**)*

PLEASE PRINT INFORMATION:

Name _____ Social Security No. _____
 Address: _____ Date of Birth _____
 _____ Sex: M F
 _____ Phone Number _____

MARK THE TESTS THAT YOU WANT DONE:

*(Must be fasting, 8 hours for glucose, 12 hours for triglycerides to get accurate results)

PROFILES:

- _____ {\$45} * Comprehensive Health Panel (lytes, Glucose, BUN, Creatinine, Calcium, Albumin, Protein, AST, ALT, Alk Phos, Bili) {CPT=80053}
- _____ {\$35} * Basic Health Panel (Sodium, Potassium, Chloride, CO2, Glucose, BUN, Creatinine & Calcium) {CPT=80048}
- _____ {\$40} Liver Function Panel (AST, ALT, Alk.Phos, T & D Bilirubin, Albumin & Total Protein) {CPT=80076}
- _____ {\$40} *Kidney Function Panel (Albumin, Calcium, Creatinine, Glucose, electrolytes, BUN and phosphorus) {CPT=80069}
- _____ {\$37} Iron Profile (Iron, UIBC, TIBC, % Sat) {CPT=83540 + 83550}
- _____ {\$50} Thyroid profile (Free T4 & Ultrasensitive TSH) {CPT 84443 & 84439}

CARDIOVASCULAR RISK ASSESSMENT:

- _____ {\$27} *Lipid Profile (Total Cholesterol, *Triglycerides, HDL, LDL, VLDL and cardiac risk) {CPT=80061}
- _____ {\$25} C-Reactive Protein, high sensitivity: {CPT = 86141}
- _____ {\$15} Cholesterol {CPT = 82465}

COMMON TESTS:

- _____ {\$15} *Glucose {CPT = 82947}
- _____ {\$27} Hemoglobin A1c {CPT = 83036}
- _____ {\$15} Potassium {CPT = 84132}
- _____ {\$25} Pregnancy Test (serum) {CPT 84703}
- _____ {\$27} CBC (complete blood & platelet count) {CPT = 85025}
- _____ {\$20} Blood type (ABO & Rh) {CPT = 86900} + {CPT = 86901}
- _____ {\$20} Urinalysis, reflex microscopic if indicated {CPT = 81003} {reflex CPT = 81015}
- _____ {\$40} Testosterone (adult male only) {CPT = 84403}
- _____ {\$47} PSA (Prostatic Specific Antigen) {CPT = 84153}
- _____ {\$55} Blood Alcohol Level {CPT = 82055}
- _____ {\$35} Ferritin {CPT = 82728}
- _____ [43] Vitamin D, 25-Hydroxy {CPT = 82306}
- _____ {\$20} Magnesium {CPT = 83735}
- _____ {\$30} Microalbumin {CPT = 82043}

_____ **Total (Payment must be made at the Outpatient Registration area prior to specimen collection)**

Test Results:

- A copy of your results will be mailed to you within a week.
- A copy will be picked up from the Switchboard by (who) _____ on (date) _____ (time) _____
 - Allow 3 days from collection to result pick-up

Consent for treatment/payment:

This is to certify that I consent to and authorize the performance of specimen collection and analysis of the above marked laboratory tests. I understand that GLHS/NVML is not acting as my doctor and that I have sole responsibility to take appropriate action on the test results and consult my doctor regarding all abnormal test results. I agree to take full financial responsibility for the cost of the tests that I request and that payment will be required prior to specimen collection. I understand that these tests will not be billed to a third party by GLHS and no results will be sent to any physician or health care provider. I understand the cost of these tests may increase without prior notice.

Patient's signature

Date

Employee's signature

Date