

**DIRECT ACCESS TESTING ORDER FORM**

Date of Service \_\_\_\_\_

**PLEASE PRINT INFORMATION:**

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

**Mark the Test that You Would Like Performed:**

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

**PROFILES:**

<b>{S45}</b>	* Comprehensive Health Panel (Sodium, Potassium, Chloride, CO2, Glucose, BUN, Creatinine, Calcium, Albumin, Protein, AST, ALT, Alk Phos, Bili) {CPT=80053}
<b>{S35}</b>	* Basic Health Panel (Sodium, Potassium, Chloride, CO2, Glucose, BUN, Creatinine & Calcium) {CPT=80048}
<b>{S40}</b>	Liver Function Panel (AST, ALT, Alk.Phos, T & D Bilirubin, Albumin & Total Protein) {CPT=80076}
<b>{S40}</b>	* Kidney Function Panel (Albumin, Calcium, Creatinine, Glucose, Sodium, Potassium, Chloride, CO2, BUN and phosphorus) {CPT=80069}
<b>{S37}</b>	Iron Profile (Iron, UIBC, TIBC, % Sat) {CPT=83540 + 83550}
<b>{S50}</b>	Thyroid profile (Free T4 & Ultrasensitive TSH) {CPT 84443 & 84439}

**CARDIOVASCULAR RISK ASSESSMENT:**

<b>{S27}</b>	* Lipid Profile (Total Cholesterol, *Triglycerides, HDL, LDL, VLDL and cardiac risk) {CPT=80061}
<b>{S25}</b>	C-Reactive Protein, high sensitivity: {CPT = 86141}
<b>{S15}</b>	Cholesterol {CPT = 82465}

**COMMON TESTS:**

<b>{S40}</b>	Testosterone (adult male only) {CPT = 84403}	<b>{S47}</b>	PSA Screening (Prostatic Specific Antigen) {CPT = 84153}
<b>{S15}</b>	*Glucose {CPT = 82947}	<b>{S25}</b>	Pregnancy Test (serum) {CPT 84703}
<b>{S27}</b>	Hemoglobin A1c {CPT = 83036}	<b>{S27}</b>	CBC (complete blood & platelet count) {CPT = 85025}
<b>{S35}</b>	Ferritin {CPT = 82728}	<b>{S20}</b>	Blood type (ABO & Rh) {CPT = 86900} + {CPT = 86901}
<b>{S15}</b>	Potassium {CPT = 84132}	<b>{S30}</b>	Microalbumin {CPT = 82043}
<b>{S43}</b>	Vitamin D, 25-Hydroxy {CPT = 82306}	<b>{S20}</b>	Urinalysis, reflex microscopic if indicated {CPT = 81003} {reflex CPT = 81015}
<b>{S20}</b>	Magnesium {CPT = 83735}		

\$ \_\_\_\_\_ Total (Payment must be made at the Outpatient Registration area prior to specimen collection)

Results will be available via Follow My Health (Patient Portal)

-Not a member of Follow My Health? Please provide your email here to get an invite to join: \_\_\_\_\_

Please check if you require a copy of your results to be mailed to you. It will take up to 1-2 weeks to receive via mail.

**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. I understand that these test results will be included in the complete medical record chart kept at Grand Lake Health System and may be viewable by my healthcare provider.

\_\_\_\_\_  
Patient's signature

\_\_\_\_\_  
Date

HIS Label Here

\_\_\_\_\_  
Employee's signature

\_\_\_\_\_  
Date

LIS Label Here