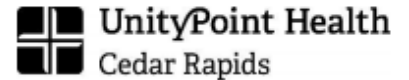




Physician Order

MedLabs – Fax: (319) 369-8394
Jones Regional Medical Center – Fax: (319) 462-4689



Date to be collected: _____

Patient Name: _____
(Last, First, Middle) Female

DOB: _____ **SSN:** _____ Male

Unknown

Ordering Provider (print): _____

Provider Signature/date: _____

Copy to provider: _____

Diagnosis Code:
1. _____ 2. _____ 3. _____ 4. _____

FACILITY LABEL OR COMPLETE THE REQUIRED INFORMATION BELOW

NAME _____

ADDRESS _____

To schedule an appointment at MedLabs call (319) 368-5650 Mon-Fri 7:30 a.m. – 6:00 p.m.

To be completed by Residential facility:

Room Number: _____

Dialysis Patient Y/N

MED A (Skilled)

MED B (Resident)

Fasting - Min 8 hours with nothing to eat or drink except water according to thirst

Non Fasting - May eat and drink your normal diet

STAT

CALL TO: _____

FAX TO: _____

To be completed by the collector:

Collect Date: _____

Collect Time: _____

Initials: _____

X	BLOOD TESTS	CPT	X	BLOOD TESTS	CPT	X	BLOOD PANELS	CPT
	ALT (SGPT) - LAB132	84460		Protime-INR - LAB320	85610		Basic Metabolic - LAB15 or LAB0015 (Na, K, CL, CO ₂ , Ca, GLU, BUN, Creat)	80048
	ANA - LAB147	86225 86038		Protein, Total - LAB118	84155		Comprehensive Metabolic - LAB17 or LAB0017 (Na, K, CL, CO ₂ , Ca, Glu, BUN, Creat, TP, Alb, TBil, ALT, AST, Alkphos)	80053
	AST (SGOT) - LAB131	84450		PSA, Diagnostic - LAB116	84153		Electrolyte - LAB16 (NA, K, Cl, CO ₂)	80051
	Bilirubin, Total - LAB50	82247		PSA, Screening - LAB2683	G0103		Hepatic Function (Liver) - LAB20 (TP, Alb, T&D, ALT, AST, Alkphos)	80076
	BUN - LAB140	84520		PTH, Intact - LAB108	83970		Hepatitis - LAB551 (HBsAg, HBcAb IgM, HAVAb IgM, HCVAb)	80074
	Calcium - LAB53	82310		PTT - LAB325	85730		Iron Deficiency Panel – LAB2566 (Fe, UIBC, TIBC, Iron Saturation)	83540 83550
	CBC w/differential - LAB293	85025		Rheumatoid Factor - LAB206	86431		Lipid - LAB18 (Chol, HDL, Trig, Calc LDL)	80061
	CBC (Hemogram) - LAB294	85027		Rubella Antibody - LAB496	86762		Renal Function- LAB19 or LAB0019 (Na, K, Cl, CO ₂ , Ca, Glu, BUN, Creat, Alb, Phos)	80069
	CK - LAB62	82550		Syphilis IgG IgM w/Reflex – LAB5650	86780		X MICROBIOLOGY CPT	
	Creatinine - LAB66	82565		T4, Free - LAB127	84439		C-Difficile Toxin - LAB2162	87493
	CRP, High Sensitivity - LAB150	86141		Triglycerides - LAB134	84478		Fecal Occult, Diagnostic - LAB4080	82274
	CRP, Inflammatory - LAB149	86140		TSH - LAB129	84443		Fecal Occult, Screen - LAB4079	G0328
	D-Dimer - LAB2810	85379		Uric Acid - LAB141	84550		H. Pylori Stool, Ag - LAB397	87338
	Ferritin - LAB68	82728		Vancomycin, Trough - LAB39 Time _____	80202		Infectious Stool Panel (circle one) Standard Expanded (Immunocompromised or travel)	
	Folate - LAB69	80746		Vitamin B12 - LAB67	82607		MRSA Nasal Screen (circle one) Presurgical - LAB2815 Routine - LAB2202	87640 87641
	Glucose - LAB2474 or LAB81	82947		Vitamin D 25 Hydroxy - LAB535	82306		Respiratory SARS COV-2 Panel (circle one) Flu A/B, COVID, RSV Flu A/B, COVID COVID ONLY	
	HCG, Qualitative - LAB144	84703	X BLOOD PRODUCTS CPT				Strep A PCR - LAB6555	87651 87798
	HCG, Quantitative - LAB143	84702		ABO/Rh - LAB895	86900 86901		X URINE CPT	
	HDL - LAB101	83718		Antibody Screen - LAB278 Presurgical or Prenatal (circle one)	86850		24 Hour Urine _____	
	Hemoglobin(A1C) - LAB90	83036		Type and Screen - LAB276 (transfusion) B-band required	86900 86901 86858		Microalbumin, Random - LAB2109	82043
	Hemoglobin - LAB291	85018		Crossmatch x _____ units of product _____ date to give _____			Microalbumin/Creatinine, Random - LAB689	82043
	Hepatitis B Surface Ag - LAB471	87340		Other			Rapid Drug Screen - LAB676	80301
	HIV 4 th Gen Screen - LAB5383	87389					Urinalysis w/reflex - LAB3914 (circle one) Clean Catch Indwelling Cath Simple Cath	81003 81001
	Iron - LAB94	83540					Urine Culture - LAB239	87086
	LDL, Direct - LAB102	83721						
	Lipase - LAB99	83690						
	Magnesium - LAB103	83735						
	Phosphorus - LAB113	84100						
	Potassium - LAB114	84132						
	Platelet Count - LAB301	85595						
	Pro B-Type Natriuretic Peptide - LAB2670	83380						