



Physician Order

St. Luke's Hospital – Fax: (319) 368-5595
MedLabs – Fax: (319) 369-8394
Jones Regional Medical Center – Fax: (319) 462-4689



UnityPoint Health
Cedar Rapids

(PRINT) PATIENT'S NAME (Last, First, Middle Initial)
D.O.B
SEX: Male Female
Collection Date Time
DXCODE(S) (ICD-10)
Ordering Provider (PRINT)
Provider's Signature Date
Referral Samples: Attach a copy of the insurance card & guarantor information

STAT Call To: Fax To: Copy To:
Patient Instruction: Do this blood test (Date)
Fasting - 12 hours with nothing to eat or drink except water (according to thirst)
Non Fasting - may eat and drink (your normal diet)

Table with columns: X, PANELS, CPT Code, X, GENERAL, CPT Code, X, HEMO & COAG, CPT Code. Rows include Arthritis, Basic Metabolic, Comprehensive Metabolic, Electrolyte, Hepatitis, Lipid, Liver Function, Obstetric, Renal, and various general and blood product tests.

Notification to Providers and Other Persons Legally Authorized to Order Tests for Which Medicare Reimbursement Will be Sought: Medicare will pay only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient.

Outpatient Laboratory Requisition

