

**Cypress Fairbanks
Medical Center**

OUTPATIENT LABORATORY REQUISITION

Phone: 281- 897- 3121

Fax: 281- 517- 4700



CYFRQ

Tenet Texas
10655 Steepletop Drive
Houston, TX 77065

NOTICE: Bills will be submitted for payment to Medicare, Medicaid, all other governmental programs, and third party payors based upon the diagnostic information provided by the treating physician. ABN Attached

**Cypress Fairbanks
Medical Center**

PATIENT NAME: _____ SEX: _____ D.O.B: _____
Last First MI

PHONE- Day: _____ Night: _____ ALLERGIES: _____

BILL TO: PATIENT MEDICARE INSURANCE MEDICAID

Appointment - Date: _____ Time: _____

**** DIAGNOSIS: ****

**** DIAGNOSIS: ****

1. _____ 2. _____
 3. _____ 4. _____

**VO / TO
Read Back**

5. **Screening Test:** All tests ordered for the purpose of screening, including tests ordered as part of routine physical examinations, must be accompanied by an ABN completed by the ordering physician and signed by the patient. Medical Imaging facilities may not bill the patient for the service unless the ABN has been completed and signed by patient prior to the rendition of the service(s).

DATE TO BE DRAWN			TIME TO BE DRAWN		STATUS		DATE DRAWN			TIME TO BE DRAWN		DRAWN BY
MO	DAY	YEAR	:	AM/PM	<input type="checkbox"/> FASTING	<input type="checkbox"/> NON-FASTING	MO	DAY	YEAR	:	AM/PM	

- PROFILES:**
- ELECTROLYTE PANEL** (80051) Screening Tests?
- Sodium 84295
 - Potassium 84132
 - Chloride 82435
 - CO2 82374
- BASIC METABOLIC PANEL** (80048) Screening Tests?
- Calcium 82310
 - CO2 82374
 - Chloride 82435
 - Creatinine 82565
 - Glucose 82947
 - Potassium 84132
 - Sodium 84295
 - BUN 84520
- HEPATIC FUNCTION PANEL** (80076) Screening Tests?
- Albumin 82040
 - Bilirubin, Total 82247
 - Bilirubin, Direct 82248
 - Phosphatase, Alkaline 84075
 - Protein, Total 84155
 - ALT/SGPT 84460
 - AST/SGOT 84450
- COMP. METABOLIC PANEL** (80053) Screening Tests?
- Albumin 82040
 - Bilirubin, Total 82247
 - Calcium 82310
 - CO2 82374
 - Chloride 82435
 - Creatinine 82565
 - Glucose 82947
 - Phosphatase, Alkaline 84075
 - Potassium 84132
 - Protein, Total 84155
 - Sodium 84295
 - ALT/SGPT 84460
 - AST/SGOT 84450
 - BUN 84520
- MICROBIOLOGY:**

- PROFILES:**
- LIPID PANEL** (80061) Screening Tests?
- Cholesterol 82465
 - Triglycerides 84478
 - HDL Direct Meas 83718
- ACUTE HEPATITIS PANEL** (80074) Screening Tests?
- Hep A Ab (HAAb) IgM 86709
 - Hep B core Ab (HbcAb), IgM 86705
 - Hep B surface Ag (HBsAg) 87340
 - Hep C Ab 86803
- GENERAL HEALTH PANEL** (80050) Screening Tests?
- Comp. Metabolic Panel 80053
 - CBC w/auto diff. 85025
 - TSH 84443
- HEPATITIS TESTS:**
- Hep B Surface Ab 86706
 - Hep B Core, total 86704
 - Hep A Ab, total 86708
 - Hep Be Ab 86707
- THYROID TESTS:**
- T3-U 84479
 - T4 84436
 - TSH 84443
 - T3 RIA 84480
- HEMATOLOGY:**
- CBC w/auto diff. 85025
 - Sed Rate 85651
 - Hgb A1C 83036
 - Platelets 85595
 - Retic 85044
- URINALYSIS/PARASITOLOGY:**
- Auto w/micro 81001
 - Auto w/o micro 81003
 - Stool for WBC 87205
 - Occult Blood 82270
 - Ova and Parasites 87177
- RENAL FUNCTION PANEL** (80069) Screening Tests?
- Albumin 82040
 - Calcium 82310

- CHEMISTRY:**
- Albumin 82040
 - Alk. Phos 84075
 - Amylase 82150
 - Bill, total 82247
 - BUN 84520
 - Calcium 82310
 - Cholesterol 82465
 - CK total 82550
 - CKMB 82563
 - CK isoenz 82552
 - Creatinine 82565
 - Glucose 82947
 - Iron 83540
 - LD total 83615
 - LD isoenz 83625
 - Magnesium 83735
 - PSA 84153
 - SGOT (AST) 84450
 - SGPT (ALT) 84460
 - Triglycerides 84478
 - Troponin 84484
 - Uric Acid 84550
- COAGULATION:**
- PTT 85730
 - PT 85610
- IMMUNOLOGY:**
- ANA 86038
 - CRP 86140
 - C3 86160
 - Lyme Dis 86618
- SEROLOGY:**
- HbsAg 87340
 - HIV Ab Sc 86701
 - Mono Test 86308
 - RPR 86592
 - RA 86430
 - HCG 84702
 - Rapid Strep A 87081

OTHER EXAM or INSTRUCTIONS:

STAT Order:

CALL Report to Dr.:

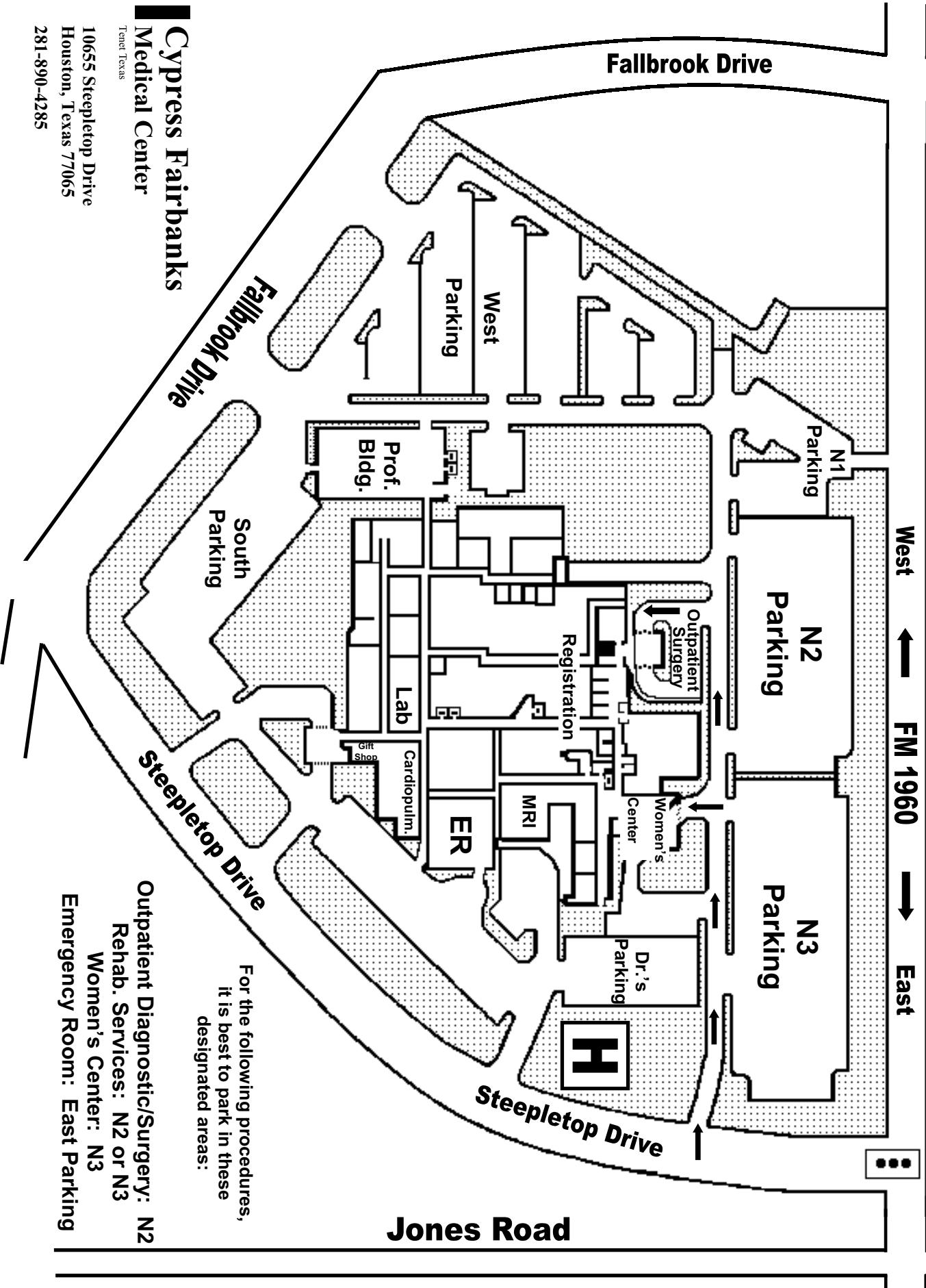
DATE: _____ DR. FAX #: _____

PHYSICIAN NAME: _____
 (Please Print Clearly)

Physician Signature: _____



Medicare regulations require the tests to be medically necessary for the diagnosis and treatment of the patient to qualify for reimbursement from the program. The physician must be treating the patient in connection with the diagnosis or complaints listed and this information must accurately reflect the medical reasons for requesting these tests. The medical necessity of each test ordered on this requisition must be documented in the patient's medical record. Tests ordered for the purpose of screening or which the physician believes to be appropriate even if the payor may not allow reimbursement, may not be billed to Medicare except for the purpose of receiving a denial. An Advance Beneficiary Notice (ABN) must be signed by the beneficiary or authorized person and attached to this form indicating his/her willingness to assume financial responsibility for the testing. **General Instructions for Governmental Payors:** All orders for medical imaging tests must include a statement of the medical reason for those tests. Please list the reason(s) for the exam below. If a



For the following procedures,
it is best to park in these
designated areas:

- Outpatient Diagnostic/Surgery: N2
- Rehab. Services: N2 or N3
- Women's Center: N3
- Emergency Room: East Parking

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281-890-4285