

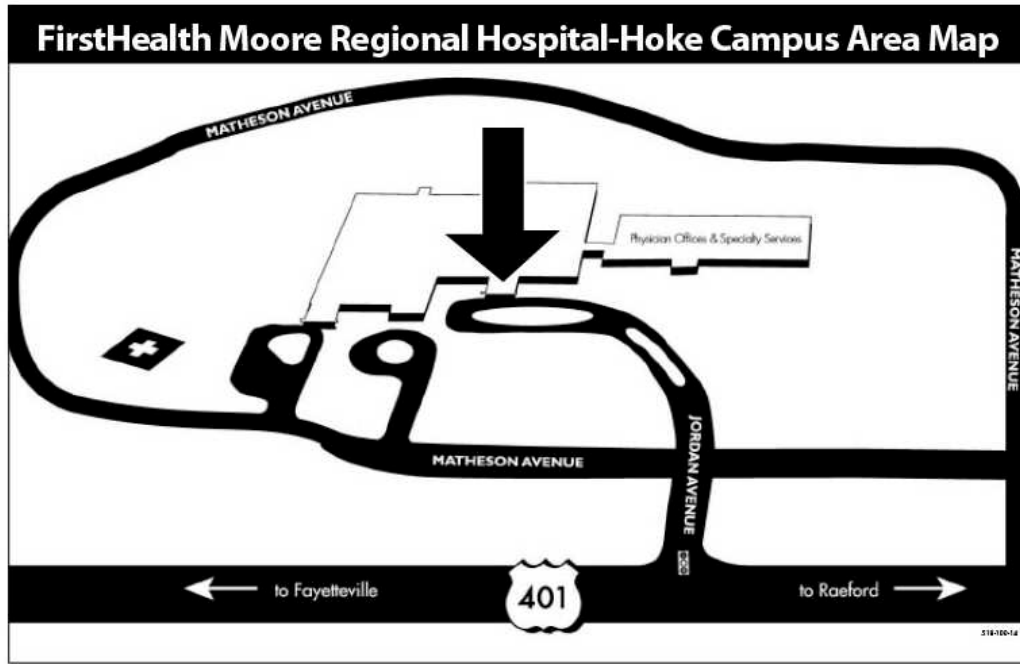
Hoke Campus - Imaging & Lab Preventative Tests

Patient Name (Last, First, Middle):			Clinic / Outreach Site (Required)	
Address :			Social Security #:	Sex:
City, State:		Zip Code:	Date of Birth:	Race:
SPECIMEN COLLECTION INFORMATION (REQUIRED)			Mark test number and insert ICD-10 Code. For tests with a “#” sign, please call for an appointment. If scheduling by fax, please fax form to Central Scheduling at (910) 715-1177. Scheduling will contact the patient. If making appointment by phone, please call (910) 715-2778 or (866) 415-2778. Please provide all insurance information.	
<input type="checkbox"/> STAT <input type="checkbox"/> FASTING		Date and Time Collected		
		: <input type="checkbox"/> AM <input type="checkbox"/> PM		
ANTIBIOTIC/ANTICOAGULANT THERAPY	COLLECTOR'S INITIALS			
Results To:	Fax:			
Phone:				
Provider Name (Required)				
Provider Signature (Required)			Date / Time (Required)	
TEST	ITEM #	CPT CODE	Enter/Ck DX CODE	FREQUENCY
# Ultrasound Screening AAA (Abdominal Aortic Aneurysm)	<input type="checkbox"/> 3389	G0389		Once in a lifetime. Referred as result of IPPE: <input type="checkbox"/> Yes <input type="checkbox"/> No
# Screening Mammogram	<input type="checkbox"/> 204	G0202-52 Unilateral	<input type="checkbox"/> V76.11 H Risk	Age 35-39 yrs. - 1 Baseline
	<input type="checkbox"/> 7058	G0202	<input type="checkbox"/> V76.12 Routine	>Age 40 - Annually
Occult Blood Cancer Screen	<input type="checkbox"/> 81490	82270		FOBT every year
Cardiovascular Blood Tests				
Lipid Panel Preventive	<input type="checkbox"/> 35057	80061	<input type="checkbox"/> V81.0	Every 5 years
Cholesterol Preventive	<input type="checkbox"/> 30399	82465	<input type="checkbox"/> V81.1	
HDL Cholesterol Preventive	<input type="checkbox"/> 30853	83718	<input type="checkbox"/> V81.2	
Triglycerides Preventive	<input type="checkbox"/> 31586	84478		
Diabetes Screening Tests				
Glucose Level Preventive	<input type="checkbox"/> 30791	82947	V77.1	<ul style="list-style-type: none"> • Two screening tests per year if diagnosed with pre-diabetes. • One screening per year if previously tested, but not diagnosed with pre-diabetes, or if never tested.
Glucose Challenge Preventive	<input type="checkbox"/> 30794	82950		
Glucose Tol Non-preg Preventive	<input type="checkbox"/> 30822	82947 & 82950		
Hemoglobin A1C Preventive	<input type="checkbox"/> 40115	83036		
Prostate Cancer Screening				
PSA Cancer Screen Preventive	<input type="checkbox"/> 41295	G0103	V76.44	Annually for all males ≥50 yrs
HIV Screening				
HIV Rapid Screen Preventive	<input type="checkbox"/> 60628	G0435	Primary <input type="checkbox"/> V73.89 Secondary <input type="checkbox"/> V22.0 <input type="checkbox"/> V22.1 <input type="checkbox"/> V69.8 <input type="checkbox"/> V23.9	Annually for increased risk Pregnant: 1st-when diagnosed preg 2nd- during third trimester 3rd- at labor
HIV 1,2 Antibodies Preventive	<input type="checkbox"/> 60631	G0432		
STI Screening				
RPR Preventive	<input type="checkbox"/> 61426	86592	Women Pregnant not increased risk: RPR <input type="checkbox"/> V74.5 RPR/ HBSAg <input type="checkbox"/> V22.0 RPR/ HBSAg <input type="checkbox"/> V22.1 RPR/ HBSAg <input type="checkbox"/> V23.9 HBSAg <input type="checkbox"/> V73.89 Men (RPR) or Non-Preg Women (RPR/GC/CT) increased risk: <input type="checkbox"/> V74.5 <input type="checkbox"/> V69.8 Women Pregnant at increased risk: RPR/GC/CT <input type="checkbox"/> V74.5 RPR/GC/CT/HBS <input type="checkbox"/> V69.8 RPR/GC/CT/HBS <input type="checkbox"/> V22.0 RPR/GC/CT/HBS <input type="checkbox"/> V22.1 RPR/GC/CT/HBS <input type="checkbox"/> V23.9 HBSAg <input type="checkbox"/> V73.89	RPR once annually at risk men. RPR, GC, or CT once annually at risk non-pregnant women. Pregnant women once per pregnancy; additional if at cont'd risk. GC/CT: 1-2 per pregnancy RPR: 1-3 per pregnancy HBSAg: 1-2 per pregnancy
RPR Titer Preventive	<input type="checkbox"/> 61430	86593		
N. Gonorrhoeae PCR Preventive	<input type="checkbox"/> 87025	87591		
Chlamydia Trach PCR Preventive	<input type="checkbox"/> 87029	87491		
GC & Chlamydia PCR Preventive	<input type="checkbox"/> 87027	87591 & 87491		
Hep B Surface AG Preventive	<input type="checkbox"/> 48006	87340		



Place Patient Label
Inside This Box

HOKE - Imaging & Lab Preventative Tests



PARKING: Please check designated parking area for patients:	
<input type="checkbox"/> Monday – Friday 7:30am – 5:00pm	Outpatients will enter through the Outpatient entrance.
<input type="checkbox"/> Monday – Friday after 5:00pm and Weekends	Outpatients will enter through the Emergency Department

FirstHealth
MOORE REGIONAL HOSPITAL

Physician Requisition for Imaging
and Lab Preventative Tests
Hoke Campus

Place Patient Label
Inside This Box