



Home Health Outpatient Order Form

Lake Forest Hospital

Laboratory Services
660 N. Westmoreland Road
Lake Forest, Illinois 60045-1696

(847) 535-6119 TEL
lfh.org

REGISTRATION:
(847) 535-6853

Thank you for referring your Home Health Care patient for Laboratory services at Lake Forest Hospital.

In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite at your request.

STAT **CALL RESULTS TO:** _____
FAX RESULTS TO: _____

PATIENT INFORMATION

Last Name	First Name
Date of Birth	Gender
Home Phone Number	Work/Cell Phone Number
MR#	LAB#

PHYSICIAN/HOME HEALTH INFORMATION

Referring Practitioner Last Name	First Name
NPI #	Date of Test
Agency Name	Nurse
Today's Date	Time Collected

SIGNS & SYMPTOMS / DIAGNOSIS / ICD-9

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD-9 for each test/treatment. Do not include a "rule-out" diagnosis.

RESULTS

Call results to RN at:	Fax results to RN at:
Call results to Dr. at:	Fax results to Dr. at:
Call results to Dr. at:	Fax results to Dr. at:

FORM #5030508

TEST NAME	TUBE	TEST NAME	TUBE
<input type="checkbox"/> Amylase	GRN	<input type="checkbox"/> Magnesium	GRN
<input type="checkbox"/> Basic Metabolic Panel	GRN	<input type="checkbox"/> Culture, Stool	
<input type="checkbox"/> Bili, Adult Total	GRN	<input type="checkbox"/> Stool, CDT	
<input type="checkbox"/> Bili, Neonatal Total	GRN	<input type="checkbox"/> Culture, Stool, Hemorrhagic E.Coli	
<input type="checkbox"/> Bili, Neo., Direct/Total	Micro	<input type="checkbox"/> Stool, Occult Blood	
<input type="checkbox"/> Blood Culture X1 X2	BLC	<input type="checkbox"/> Stool, Ova & Parasite	
<input type="checkbox"/> BNP	LAV	<input type="checkbox"/> Stool, Rotavirus	
<input type="checkbox"/> BUN	GRN	<input type="checkbox"/> Culture, Sputum	
<input type="checkbox"/> Carbamazepine	GRN	<input type="checkbox"/> Culture, Urine <input type="checkbox"/> Cath <input type="checkbox"/> Void	
<input type="checkbox"/> Cardio CRP	GRN	<input type="checkbox"/> Culture, Wound Site:	
<input type="checkbox"/> CRP (C-Reactive prot.)	GRN	<input type="checkbox"/> Phosphorus	GRN
<input type="checkbox"/> Calcium	GRN	<input type="checkbox"/> Potassium	GRN
<input type="checkbox"/> CBC w/plts, auto diff	LAV	<input type="checkbox"/> Protein Elec. (serum)	RED
<input type="checkbox"/> CBC manual diff	LAV	<input type="checkbox"/> PT (venipuncture)	BLU
<input type="checkbox"/> CEA	GRN	<input type="checkbox"/> PTT	BLU
<input type="checkbox"/> Cholesterol, Total	GRN	<input type="checkbox"/> Reticulocyte count	LAV
<input type="checkbox"/> CK, Total	GRN	<input type="checkbox"/> Sed Rate, ESR	LAV
<input type="checkbox"/> Comp. Metabol	GRN	<input type="checkbox"/> SGPT (ALT)	GRN
<input type="checkbox"/> Coronary Risk Lipids	GRN	<input type="checkbox"/> SGOT (AST)	GRN
<input type="checkbox"/> Creatinine	GRN	<input type="checkbox"/> T3 Total	GRN
<input type="checkbox"/> Digoxin	GRN	<input type="checkbox"/> T4, Free	GRN
<input type="checkbox"/> Dilantin	GRN	<input type="checkbox"/> TSH	GRN
<input type="checkbox"/> Electrolytes, Serum	GRN	<input type="checkbox"/> Theophylline	GRN
<input type="checkbox"/> Ferritin	GRN	<input type="checkbox"/> Transferrin	GRN
<input type="checkbox"/> Folate	GRN	<input type="checkbox"/> Urinalysis, Routine	
<input type="checkbox"/> GGTP	GRN	<input type="checkbox"/> Urinalysis w/micro	
<input type="checkbox"/> Glucose	GRN	<input type="checkbox"/> Valproic/Depakote	GRN
<input type="checkbox"/> Glycohemoglobin, A1C	LAV	<input type="checkbox"/> Vancomycin Trough	GRN
<input type="checkbox"/> H&H	LAV	<input type="checkbox"/> Vancomycin Peak	GRN
<input type="checkbox"/> Hemagram	LAV	<input type="checkbox"/> Vitamin B12	GRN
<input type="checkbox"/> Hepatic Function	GRN	<input type="checkbox"/> Uric Acid	GRN
<input type="checkbox"/> Hepatitis Profile (A,B,C)	RED	Other: _____	
<input type="checkbox"/> Homocysteine* On Ice!	GRN	_____	
<input type="checkbox"/> Iron	GRN	_____	
<input type="checkbox"/> Iron & TIBC	GRN	_____	
<input type="checkbox"/> LDH	GRN	_____	

NOTE: Tests in **bold** require advanced beneficiary notice at time of testing