# ADD-ON ORDER / FAX ORDER / STANDING ORDER

|   |                              |                                 | ☐ FAX RE   | PORT          |                         |                                    |   |             |                        |               |
|---|------------------------------|---------------------------------|--|---------------|-------------------------|------------------------------------|---|-------------|------------------------|---------------|
| SEX C   | FI                           | IRST                            |  | MI            |                         |                                    | DI  | T = = 141.  |                        |               |
| SEX C   | OOB                          | SSN                             |  |               |                         | K.                                 | Peacel<br>Labora                                  | Health      | 541-687-3<br>800-826-3 |               |
| PATIENT PHONE   | Cł                           | HART#/PID#/MR#                  | GEI  | NETIC OPT OUT | _                       |                                    | Labora  | itories     | www.pea                | cehealthlabs  |
| LAST NAME   | FI                           | IRST                            | MI   |               |                         |                                    |   |             |                        |               |
| MAILING ADDRESS   | CI                           | ITY                             | STATE  | ZIP           |                         |                                    | e Medica  | re/Medicaid | ☐ Patient              |               |
|   |                              | 111                             | SIAIE  | ZIF           | LAB USE                 | = ONLY                             |   |             |                        | ☐ ABN r       |
| PRIMARY INSURANCE CO                                      | 0                            |                                 |  |               | 106 129                 |                                    |   |             |                        | Billing       |
| MAILING ADDRESS   | CI                           | ITY                             | STATE  | ZIP           | 107 130<br>109 131      |                                    |   |             |                        |               |
| ID NO.  |                              | GROUP NO.                       |  |               | 111 132                 |                                    |   |             |                        |               |
| SECONDARY INSURANC  | E CO                         |                                 |  |               | 112 133<br>113 137      | □ 05730                            | Venipuncture                                      | ☐ 95250 Ha  | andling                |               |
| MAILING ADDRESS   | CI                           | ITY                             | STATE  | ZIP           | 115 138                 |                                    | Heel/finger stick                                 |             | -                      | ncture (study |
|   |                              | GROUP NO.                       |  |               | 121 601<br>123          |                                    |   | ☐ 95360 No  | on-Routine             |               |
| ID NO.  |                              | GROUP NO.                       |  |               | 125                     |                                    |   |             |                        |               |
| ATE AND TIME COLLECTED                                    |                              |                                 |  | Interi        | faced Order             |                                    | ent accessio                                      |             |                        |               |
| ASTING HRS PP   | URINE CATH/RAND              | 24HR<br>VOL<br>T DOSE DATE AND  | START/<br>END  | Standir       | ng Order/Fre            | New cl<br>equency R                | ent accessio                                      | n           |                        |               |
| ASTING HRS PP   | CATH/RAND LAST               | VOL T DOSE DATE AND             | END<br>D TIME  | Standir       | ng Order/Fre            | New cl<br>equency R                | ent accessio                                      | n           |                        |               |
| ASTING HRS PP   | cathrand Last                | T DOSE DATE AND                 | DTIME  C.  | ☐ Standin     | ng Order/Fre            | New cl<br>equency R<br>sting – dat | ent accessio equired e to be draw                 | n           |                        |               |
| ests requiring a s  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ASTING HRS PP  EDICATION  ests requiring a s              | cathrand Last                | T DOSE DATE AND  sted on revers | e.  DRDERED  | ☐ Standin     | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw                 | n           |                        | 0             |
| ASTING HRS PP  MEDICATION  Pests requiring a S  ICD Code  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ASTING HRS PP  MEDICATION  Pests requiring a S  ICD Code  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ests requiring a s  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ests requiring a s  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ASTING HRS PP  HEDICATION  Pests requiring a S  ICD Code  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ASTING HRS PP  HEDICATION  ests requiring a s  ICD Code   | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ests requiring a s  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| EASTING HRS PP MEDICATION  Pests requiring a S  ICD Code  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| EASTING HRS PP  MEDICATION  Sests requiring a S  ICD Code | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ASTING HRS PP  MEDICATION  Pests requiring a S  ICD Code  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ASTING HRS PP  MEDICATION  Pests requiring a S  ICD Code  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ASTING HRS PP  HEDICATION  ests requiring a s  ICD Code   | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  DRDERED  | Standin       | ng Order/Fre            | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |
| ests requiring a s  | cathrand Last signed ABN lis | T DOSE DATE AND  sted on revers | e.  Properties  Pr | Standin       | ng Order/Freme Only Tes | New clequency Resting – date       | ent accessio equired e to be draw  ORDER requency | n           | Rack Inf               | 0             |

## 1. FAX ORDER REQUISITION:

Fax orders to the specific PeaceHealth Laboratories Patient Service Center where the patient will present for collection.

## 2. STANDING ORDERS:

Please use this form anytime you would like to create a Standing Order. Be sure to mark the standing order box and designate a frequency, which is now required on all standing orders.

#### 3. ADD TESTS TO AN EXISTING ORDER:

Fax this completed form to PeaceHealth Laboratories Client Services Fax Number: 541-341-8067

Toll Free Fax: 866-511-5963

# MEDICARE MAY REQUIRE AN ADVANCE BENEFICIARY NOTICE (ABN) FOR THE TESTS LISTED BELOW

The ABN form is available at www.peacehealthlabs.org/abn in English and Spanish.

AFP (tumor marker)
Blood Counts
(CBC, Hemogram,
Hemoglobin, Platelet Ct)

CA 125 CA 15-3 or 27-29 CA 19-9

CEA Collagen Cross Links (Pyridium) Cytogenetics Testing
Digoxin (Lanoxin)

GGT Glucose

Glucose Testing
Glycohemoglobin A1C
Glycated Protein
HCG (Quant)
Hepatitis Panel, Acute

HIV, diagnosis and prognosis Iron Studies

(Iron, Ferritin, TIBC, etc.)

Lipid Testing (Cholesterol, Triglycerides, HDL, LDL, Coronary Risk)

Partial Thromboplastin Time (PTT) PSA Testing (free and total) Prothrombin Time (PT)

Thyroid Testing

(T3, T4, TSH, Free T4, T3U) Urine Bacterial Culture (Urine Culture, Sensitivities) Vitamin D Testing

- Medical Necessity Requirement: In order for PeaceHealth Laboratories to bill Medicare, each test within
  a panel must be medically necessary for the treatment or diagnosis of the patient being tested.
- Each component of any panel may also be ordered individually.

# **Patient Service Centers**

For Patient Service Center locations, directions and hours of operation, please visit our website or call Client Services:

http://www.peacehealthlabs.org/locations

541-687-2134 800-826-3616