

TO SCHEDULE: 706.389.2700

FAX this order and required
clinical records to: 706.389.2711

Main Hospital
1230 Baxter St., Athens, GA

St. Mary's Good Samaritan Hospital
5401 Lake Oconee Pkwy., Greensboro, GA

Outpatient Diagnostic Center
2470 Daniells Bridge Rd., Athens, GA

St. Mary's Sacred Heart Hospital
355 Clear Creek Pkwy., Lavonia, GA

PATIENT'S LEGAL NAME	DATE OF BIRTH	PATIENT PHONE	INSURANCE COMPANY NAME/POLICY NUMBER
POLICY SUBSCRIBER/RELATION/DOB	ADDRESS (full address must be entered)		

Your office will be contacted prior to test being performed if form is not complete.

PATIENT SIGNS/SYMPOMS	ICD-10 CODE:
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PHYSICIAN NAME (please print)	<input type="checkbox"/> CALL REPORT TO _____
	<input type="checkbox"/> FAX REPORT TO _____
X _____ ORDERING PHYSICIAN'S SIGNATURE <i>Signature Stamps Are Not Valid</i>	DATE/TIME
ADDITIONAL TESTING/INSTRUCTION:	

GENERAL LAB TEST		
ACETAMINOPHEN		82003
ACETONE, QUAL		82009
ALBUMIN		82040
ALK PHOS		84075
AMMONIA		82140
AMYLASE		82150
B12		82607
BILIRUBIN, TOTAL		82247
BILIRUBIN, DIRECT		82248
BUN		84520
C-REACTIVE PROTEIN		86140
CALCIUM		82310
CHLORIDE		82435
CHOLESTEROL		82465
CREATININE		82565
ETHANOL, SERUM		82055
D-DIMER		85379
FERRITIN		82728
FIBRINOGEN		85384
FOLATE		82746
FSH		83001
GAMMA GT		82977
GLUCOSE		82947
HGB A1C, GLYCOHGB		83036
HCG, QUAL (SCREEN)		84703
HCG, QUANTITATIVE		84702
IRON		83540
IRON BINDING CAP		83550
LACTIC ACID		83605
LDH		83615
LH		83002
LIPASE		83690
LITHIUM		80178
LYME IGM		86618
MAGNESIUM		83735
MONO, INFECTIOUS		86308
OSMOLALITY, SERUM		83930
PHOSPHORUS		84100
POTASSIUM		84132
PREALBUMIN		84134
PROTEIN, TOTAL		84155
PSA, DIAGNOSTIC		84153

GENERAL LAB TEST <i>continued</i>		
PSA, SCREEN		G0103
PT		85610
PTT		85730
RA		86430
RBC FOLATE		82747
RPR		86592
SALICYLATE		80196
SGOT/AST		84450
SGPT/ALT		84460
SODIUM		84295
TRIGLYCERIDE		84478
URIC ACID		84550
URINALYSIS/MICRO ▶		81003/81001
URINE OSMOLALITY		83935
THYROID COMPONENTS		
T3, TOTAL		84480
T4, FREE		84439
T4, THYROXIN		84436
TSH		84443
24 HOUR URINES		
CALCIUM ▶ URINE 24HR		82340
CREATININE ▶ URINE 24HR		82570
CREATININE CL ▶		82575
PROTEIN ▶ URINE 24HR		84155
TEST CARDIAC MARKERS		
BNP (B-NATRIURETIC PEPTIDE)		83880
CK		82550
MYOGLOBIN		83874
TROPONIN I		84484
HEMATOLOGY		
CBC-INC. AUTO DIFFERENTIAL		85025
CBC - NO DIFF		85027
WBC		85048
HEMOGLOBIN		85018
HEMATOCRIT		85014
PLATELET		85049
DIFFERENTIAL, MANUAL		85007
RETICULOCYTE CT		85045
SED RATE (ESR)		85652

HEPATITIS COMPONENTS		
HEP A AB, TOTAL		86708
HEP A IGM AB		86709
HEP BE AB		86707
HEP BE AG		87350
HEP B SAB		86706
HEP B CORE AB		86704
HEP B CORE IGM AB		86705
HEP B SAG		87340
HEP C AB		86803
THERAPEUTIC DRUG MON.		
CARBAMAZEPINE/TEGRETOL		80156
CYCLOSPORINE		80158
DIGOXIN		80162
DILANTIN (PHENYTOIN)		80185
PHENOBARBITAL		80184
MICROBIOLOGY		
SPECIMEN SOURCE _____		
___ AEROBIC CULTURE		87071
___ ANAEROBIC CULTURE		87075
CULTURE, AFB (INCLUDING SMEAR)		87206/87116
CULTURE, STOOL		87045
CULTURE, URINE		87086
CULTURE, COMP. VIRAL		87252
C. DIFF TOXIN		87449
GIARDIA ANTIGEN		87329
GRAM STAIN		87205
OCCULT BLD, STOOL		82270
O & P		87177
ROTAVIRUS		87425
RSV		87807
STREP SCREEN		87880
INFLUENZA A/B		87804
PROFILES		
ELECTROLYTES		80051
BASIC METABOLIC PROFILE WITH CALCIUM		80048
COMP. METABOLIC PROFILE		80053
CARDIAC RISK/LIPID PROFILE ▶		80061
RENAL PROFILE		80069
HEPATIC FUNCTION PROFILE (LIVER)		80076
ACUTE HEPATITIS PANEL		80074
PRENATAL PROFILE		80055



▶ Reflex testing will be performed unless indicated in writing by the physician.