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PATIENT INFORMATION

LAST NAME		FIRST NAME		SEX M F	DATE OF BIRTH	DATE COLLECTED	COLLECT TIME
SOCIAL SECURITY NUMBER		HOME PHONE ()		WORK PHONE ()			
ADDRESS		CITY		STATE		ZIP	

INSURANCE / BILLING INFORMATION MUST BE COMPLETED or attach front and back copies of insurance card.

BILL TO: _____ CONTRACT / CLIENT <input type="checkbox"/> PATIENT MEDICARE / MEDICAID* <input type="checkbox"/> INSURANCE		*Note Medicare guidelines when ordering tests – “screening” tests are generally not covered. Submit a valid Advanced Beneficiary Notice as appropriate.					
SUBSCRIBER NAME		EMPLOYER		PRIMARY INSURANCE CO		SECONDARY INSURANCE CO	
SUBSCRIBER ADDRESS		EMPLOYER ADDRESS		SUBSCRIBER ID NUMBER		SUBSCRIBER ID NUMBER	
CITY / STATE / ZIP		CITY / STATE / ZIP		GROUP NUMBER		GROUP NUMBER	

DOCTOR / PRACTITIONER SIGNATURE		DATE		SIGNS & SYMPTOMS			
ORDERING PHYSICIAN (PLEASE PRINT)		<input type="checkbox"/> FAX <input type="checkbox"/> CALL #		COPIES TO:		<input type="checkbox"/> STAT <input type="checkbox"/> ASAP	

CHEMISTRIES		HEMATOLOGY		HEP B SURFACE ABy (HBSAB)	S	MICROBIOLOGY ** ADD SOURCE
BASIC METABOLIC (BMP)	S	CBC W/ AUTO DIFF* (CBCA)	L	HEP B SURFACE AG (HBSAG)	S	** AFB CULTURE & STAIN
COMPREHENSIVE	S	HEMOGRAM (ABC)	L	HEP C ANTIBODY (HCVAB)	S	BLOOD CULTURE (bc)
ELECTROLYTES (LYT)	S	HEMATOCRIT (HCT)	L	HIV 1. 4TH GENERATION, (HIVRFEX)	S	C. DIFFICILE BY PCR
HEPATIC FUNCTION PANEL (HFP)	S	HEMOGLOBIN (HGB)	L	IRON (FE)	S	** CERVICAL VAG CULTURE
RENAL PANEL (RFP)	S	PLATELET COUNT (PLT)	L	IRON, TIBC & % SAT (FEIBC)	S	** CHLAMYDIA/GC AMPLIF(CTNG)
LIPID PANEL (LIPID)	S	PROTIME (PT)	B	LUTENIZING HORMONE (LH)	S	** FUNGUS CULTURE
HEPATITIS, ACUTE A,B,C (AHP)	S	PTT (PTT)	B	LITHIUM (LI)	S	** GRAM STAIN* (GS)
ALT (SGPT) (ALT)	S	RETIC COUNT (RC)	L	PROGESTERONE (PROG)	S	GROUP B STREP (STREPB)
AST (SGOT) (AST)	S	SED RATE (SR)	L	PROLACTIN (PROL)	S	NASAL CULTURE (NC)
BILIRUBIN, TOTAL (TBIL)	S	WBC (WBC)	L	PSA, FREE & TOTAL (FPSA)	S	** SPECIAL SITE CULTURE (SSC)
BILIRUBIN, TOTAL & DIRECT (BTD)	S	OTHER		PSA, REFLEXIVE* (PSAR)	S	SPUTUM CULTURE (SPC)
BUN (BUN)	S	B12 (B12)	S	PSA SCREEN (PSAS) (V76.44)	S	STREP SCREEN* (STREPA)
CALCIUM (CA)	S	B12 & FOLATE (B12F)	P	PSA, DIAGNOSTIC (PSA)	S	TRICHAMONAS BY PCR (TVPCR)
CARBAMAZEPINE (CAR)	S	B TYPE NATR. PEPTIDE (PBTNP)	L	T3 (T3)	S	VIRUS CULTURE (vc)
CHOLESTEROL (CHOL)	S	CRP, INFLEMMATORY (CRP)	S	T4, FREE (FT4)	S	WET PREP (WM)
CHLORIDE (CL)	S	DILANTIN (PHY)	S	TSH (TSH)	S	URINE
CREATININE (CRE)	S	ESTRADIOL (EST)	S	TSH, REFLEXIVE* (TSHR)	S	URINE CULTURE (UC)
GLUCOSE (GLU)	S	OCCULT BLOOD (IFOB)	O	BLOOD BANK		UA CULTURE IF INDICATED (UACI)
LDH (LDH)	S	FOLATE (FOL)	P	TYPE & SCREEN PRENATAL (TSNT)	O	URINALYSIS (UA)
LIPASE (LIP)	S	FOLLICLE STIM. HORMONE	S	BLOOD BANK SPECIMEN FOR POSSIBLE TRANSFUSION (BBH) ARM BAND	O	UA MICROSCOPIC (UAM)
MAGNESIUM (MG)	S	FERRITIN (FER)	S			CREATININE CLEARANCE(CRC)
PHENOBARBITOL (PHB)	S	HEMOGLOBIN A1C (HA1C)	L			HT: WT:
PHOSPHORUS (PHOS)	S	HCG, REFLEX QUALITATIVE *	S	FOR TRANSFUSIONS, CONTACT TREATMENT & PROCEDURE CENTER AT PHONE 505-2860		MICROALB CREAT. RATIO
POTASSIUM (K)	S	HCG, QUALITATIVE (HCG)	S			
		HCG, QUANTITATIVE (BHCG)	S			

OTHER TESTS: