PROFESSIONAL TECHNICIANS

FAX TO: (215) 364-0459
EMAIL TO: office@ptimobilelab.com
Questions? Call: 215-364-4911
www.ptimobilelab.com

PATIENT INFO

LAST NAME

FIRST NAME

DATE OF BIRTH (XX/XX/XXXX)

❑ MALE ❑ FEMALE

PHONE (XXX) XXX-XXXX

STREET ADDRESS

CITY

STATE

ZIP

INSURANCE CARRIER

INSURANCE #

TEST INFO

❑ SINGLE VISIT DATE ____________ **OR** ❑ FREQUENCY ____________ START DATE ____________ END DATE ____________

	CPT CODE	TEST NAME
❑	85025	Complete Blood Count (CBC) With Differential
❑	83036	Hemoglobin (Hb) A1c
❑	80061	Lipid Panel
❑	80048	Metabolic Panel (8), Basic

	CPT CODE	TEST NAME
❑	80053	Metabolic Panel (14), Comprehensive
❑	85610	Prothrombin Time (PT)
❑	84443	Thyroid-stimulating Hormone (TSH)
❑	82306	Vitamin D, 25-Hydroxy

OTHER TESTS: *PLEASE NOTE THAT **WE MUST HAVE THE TEST CODE** ALONG WITH THE TEST NAME FOR ALL TESTS REQUESTED.*
URINE AND STOOL SAMPLES MAY ONLY BE ORDERED IN CONJUNCTION WITH BLOOD WORK.

DOES THIS PATIENT NEED TO FAST? ❑ YES ❑ NO

SPECIAL REQUEST OR ADDITIONAL INFO

ICD-10 CODE: ***IT IS CRUCIAL THAT YOU LIST THE CODES ACCORDING TO IMPORTANCE, WITH THE FIRST-LISTED (I.E., PRIMARY) CODE BEING THE ONE THAT MOST STRONGLY SUPPORTS THE MEDICAL NECESSITY OF OUR SERVICES.***

LAB CLIENT #

WHAT LAB SHOULD PROCESS THE BLOOD WORK? ❑ LABCORP ❑ QUEST ❑ PTI ❑ OTHER ____________

DOCTOR INFO

PHYSICIAN NAME

STREET ADDRESS

ZIP CODE

PHONE (XXX) XXX-XXXX

FAX (XXX) XXX-XXXX

NPI#

NAME OF PERSON FILLING OUT ORDER

PHONE (XXX) XXX-XXXX

BY SIGNING BELOW, THE PHYSICIAN CERTIFIES THAT THE PATIENT IS HOME BOUND AND THE BLOOD DRAW AND HOME VISIT ARE MEDICALLY NECESSARY.

PHYSICIAN SIGNATURE

DATE