

**PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Birth:   /  /   Gender: M  F  Phone: (    )    -    -    , (    )    -    -   

**INSURANCE INFORMATION**

**ATTACH COPY OF DEMOGRAPHICS  
& INSURANCE INFORMATION**

Insurance Provider Name: \_\_\_\_\_

Policy/Insured ID No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Client Bill  
 Insurance  Self-pay

Consent to Testing and Use of Results: The specimen identified on this form is my own. I have not adulterated it in any way. I am voluntarily submitting this specimen for analysis by my physician and/or the laboratory. I authorize the lab to release the test results to the ordering practitioner. Financial/Insurance Release: I authorize insurance payments to be made to the lab for the laboratory services ordered by my practitioner. I authorize my physician and practice staff, as well as my insurance company (if any) to release to the lab and its agents, any information needed to determine benefits for laboratory services. I understand that I am responsible for payment of any deductibles or co-insurance charges. If the self-pay box is marked, I accept full financial responsibility for payment associated with these laboratory services. I hereby transfer and assign any benefits of insurance to be made to the lab for the laboratory services ordered by my practitioner and authorize the laboratory to submit claims on my behalf directly to my private health insurance provider/health plan. I authorize the laboratory to release to Medicare, the insurance carrier or health plan providing my medical benefits, and any health plan of which I am a member, any medical information needed for claim or payment purposes, including determination of benefits for laboratory services. I understand that the lab is an out of network provider and I have the option of obtaining lab services from another facility and that, upon my request, will be provided a list of alternative lab facilities. I understand that I am responsible for payment of any deductibles or co-insurance charges. I understand that if the insurance pays me directly for services rendered by the third party laboratory I am responsible to forward the payment to the lab. I agree that this Assignment of Benefits and Consent will cover all medical services rendered by the lab until such authorization is revoked in writing by me.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ORDER TESTS**

<input type="checkbox"/> <b>Profile 1: Premium Wellness/Cardiac &amp; Diabetic Risk</b> Nutritional Health Metabolic Health Heart Health Hormone Health	<input type="checkbox"/> <b>Profile 2: Advanced Metabolic Risk</b> Nutritional Health Metabolic Health Hormone Health	<input type="checkbox"/> <b>Profile 3: Basic Nutritional / Lifestyle Risk</b> CBC with diff/plt CMP, TSH, CK, Iron Profile, Vitamin D Hormone Balance
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NUTRITIONAL HEALTH	METABOLIC HEALTH	HEART HEALTH	HORMONE HEALTH	ADDITIONAL TESTS
<input type="checkbox"/> CBC with Diff/plt <input type="checkbox"/> Uric Acid <input type="checkbox"/> Iron*** <input type="checkbox"/> Folate (limit 2x a yr) <input type="checkbox"/> Vitamin B12 (limit 2x a yr) <input type="checkbox"/> <b>Bone Profile</b> <input type="checkbox"/> Vitamin D (25-OH) (limit 3x a year) <input type="checkbox"/> PTH	<input type="checkbox"/> <b>Complete Metabolic Panel</b> <input type="checkbox"/> Calcium <input type="checkbox"/> Chloride <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Glucose <input type="checkbox"/> Potassium <input type="checkbox"/> Sodium <input type="checkbox"/> BUN <input type="checkbox"/> Creatinine <input type="checkbox"/> ALKP <input type="checkbox"/> ALT <input type="checkbox"/> AST <input type="checkbox"/> Albumin <input type="checkbox"/> Protein (Total) <input type="checkbox"/> Bilirubin (Total) <input type="checkbox"/> <b>Complete Metabolic Panel</b> <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Bilirubin (Direct) <input type="checkbox"/> Amylase (Pancreatic) <input type="checkbox"/> Lipase <input type="checkbox"/> GGT <input type="checkbox"/> LDH	<input type="checkbox"/> <b>Lipid Profile*</b> <input type="checkbox"/> Cholesterol(Total) <input type="checkbox"/> LDL-C (nec. up to 6x a yr) <input type="checkbox"/> HDL-C <input type="checkbox"/> Triglycerides <input type="checkbox"/> <b>Cardiac Risk</b> <input type="checkbox"/> CK <input type="checkbox"/> <b>Inflammatory Profile</b> <input type="checkbox"/> RF <input type="checkbox"/> CRP <input type="checkbox"/> <b>Apolipoprotein Evaluation</b> <input type="checkbox"/> Apo A1 <input type="checkbox"/> Apo B <input type="checkbox"/> Apo B/A1 ratio	<input type="checkbox"/> <b>Hormone Balance</b> <input type="checkbox"/> Cor tisol <input type="checkbox"/> DHEA -S <input type="checkbox"/> FSH <input type="checkbox"/> LH <input type="checkbox"/> SHBG <input type="checkbox"/> Testosterone (Total) <input type="checkbox"/> Progesterone <input type="checkbox"/> Prolactin <input type="checkbox"/> Estradiol <input type="checkbox"/> <b>Thyroid Panel**</b> <input type="checkbox"/> TSH <input type="checkbox"/> T3 (Total) <input type="checkbox"/> T3 (Free) <input type="checkbox"/> T4 (Total) <input type="checkbox"/> T4 (Free)	<input type="checkbox"/> <b>Free Testosterone</b> <input type="checkbox"/> <b>PSA (Total)(men)*</b> <input type="checkbox"/> <b>Iron Deficiency</b> <input type="checkbox"/> Ferritin <input type="checkbox"/> <b>Diabetic Profile</b> <input type="checkbox"/> HgbA1c*** <input type="checkbox"/> <b>Additional Cardiac</b> <input type="checkbox"/> Homocysteine <input type="checkbox"/> * Lipoprotein (a)

**If all tests selected:  
2 SST, 2 Lavender**

Hand written tests may be sent out and billed by a reference lab. Results could be delayed based on send out tests ordered. Additional tests may require additional tubes needed based on test.

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\_\_\_\_\_

\_\_\_\_\_

\*Annually \*\*1 two times per year \*\*\*No more than every three months \*\*\*\*Once per month

**Provider Signature**

X \_\_\_\_\_  
Signature NPI#

**Specimen Collection Information**  STAT  Routine  Fasting  Non-Fasting

I verify that the applicable specimens were separated and refrigerated within one hour of collection, kept in the upright position, and tightly stoppered.

Collectors Name : \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Temp: \_\_\_\_\_

Patient Name:

Date of Birth:

**CBC with Diff**

- N18.1 - Chronic kidney disease, stage 1
- N18.2 - Chronic kidney disease, stage 2 (mild)
- N18.3 - Chronic kidney disease, stage 3 (moderate)
- N18.4 - Chronic kidney disease, stage 4 (severe)
- N18.5 - Chronic kidney disease, stage 5
- N18.6 - End stage renal disease
- N18.9 - Chronic kidney disease, unspecified

**Ferritin**

- C50.919 - Malignant neoplasm of unspecified site of unspecified female breast
- D64.9 - Anemia, unspecified
- E11.9 - Type 2 diabetes mellitus without complications
- E29.1 - Testicular hypofunction
- N91.2 - Amenorrhea, unspecified
- N92.4 - Excessive bleeding in the premenopausal period
- N92.6 - Irregular menstruation, unspecified
- N93.9 - Abnormal uterine and vaginal bleeding, unspecified

**GGT**

- D57.1 - Sickle-cell disease without crisis
- E08.21 - Diabetes mellitus due to underlying condition with diabetic nephropathy
- E09.22 - Drug or chemical induced diabetes mellitus with diabetic chronic kidney disease
- E09.29 - Drug or chemical induced diabetes mellitus with other diabetic kidney complication
- E10.10 - Type 1 diabetes mellitus with ketoacidosis without coma

**HCBA1C\*\*\* (No more than every 3 months)**

- E11.21 - Type 2 diabetes mellitus with diabetic nephropathy
- E11.22 - Type 2 diabetes mellitus with diabetic chronic kidney disease
- E11.29 - Type 2 diabetes mellitus with other diabetic kidney complication
- E11.69 - Type 2 diabetes mellitus with other complication
- R79.9 - Abnormal finding of blood chemistry, unspecified
- R73.9 - Hyperglycemia, unspecified
- Z79.4 - Long term (current) use of insulin

**hCg \*\*\*\*(once per month)**

- Z85.068 - Personal history of other malignant neoplasm of small intestine
- Z85.07 - Personal history of malignant neoplasm of pancreas
- Z85.09 - Personal history of malignant neoplasm of other digestive organs
- Z85.29 - Personal history of malignant neoplasm of other respiratory and intrathoracic organs
- Z85.43 - Personal history of malignant neoplasm of ovary
- Z85.47 - Personal history of malignant neoplasm of testis

**Iron \*\*\* (No more than every 3 months)**

- D51.3 - Other dietary vitamin B12 deficiency
- D64.9 - Anemia, unspecified
- E11.8 - Type 2 diabetes mellitus with unspecified complications
- N92.6 - Irregular menstruation, unspecified

**Lipid Panel \*(Annually)**

- E03.8 - Other specified hypothyroidism
- E03.9 - Hypothyroidism, unspecified
- E11.40 - Type 2 diabetes mellitus with diabetic neuropathy, unspecified
- E11.59 - Type 2 diabetes mellitus with other circulatory complications
- E11.8 - Type 2 diabetes mellitus with unspecified complications
- E11.9 - Type 2 diabetes mellitus without complications
- E78.5 - Hyperlipidemia, unspecified
- E78.6 - Lipoprotein deficiency
- I10 - Essential (primary) hypertension
- I11.9 - Hypertensive heart disease without heart failure
- I20.9 - Angina pectoris, unspecified
- I50.9 - Heart failure, unspecified
- N18.6 - End stage renal disease
- n18.9 - Chronic kidney disease, unspecified
- tN52.9 - Male erectile dysfunction, unspecified Z13.6 - Encounter for screening for cardiovascular disorders
- Z79.899 - Other long term (current) drug therapy

**Magnesium**

- E11.29 - Type 2 diabetes mellitus with other diabetic kidney complication
- E11.65 - Type 2 diabetes mellitus with hyperglycemia E83.42 - Hypomagnesemia
- I48.91 - Unspecified atrial fibrillation
- I50.9 - Heart failure, unspecified
- N17.9 - Acute kidney failure, unspecified
- N18.3 - Chronic kidney disease, stage 3 (moderate)
- N18.4 - Chronic kidney disease, stage 4 (severe)
- N18.9 - Chronic kidney disease, unspecified
- Z79.899 - Other long term (current) drug therapy

**PSA \*(Annually)**

- R39.12 - Poor Urinary Stream
- R39.15 - Urgency of Urination
- N40.0 - Benign prostatic hyperplasia without lower urinary tract symptoms
- N42.9 - Disorder of Prostate, Unspecified
- R97.2 - Elevated Prostate Specific Antigen [PSA]
- R35.0 - Frequency of Micturition
- R31.9 - Hematuria, Unspecified
- N41.9 - Inflammatory Disease of Prostate, Unspecified
- R35.1 - Nocturia

**ptINR**

- D51.3 - Other dietary vitamin B12 deficiency
- anemia E03.9 - Hypothyroidism, unspecified
- E56.9 - Vitamin deficiency, unspecified
- K76.9 - Liver disease, unspecified
- K90.89 - Other intestinal malabsorption
- Z91.01 - Long term (current) use of anticoagulants
- Z01.81 - Encounter for pre-procedural examinations Z01.818 - Encounter for other pre-procedural examination

**Vitamins**

- Z79.891 - Long term (current) use of opiate analgesic
- Z79.899 - Other long term (current) drug therapy

**Thyroid Testing (\*\*Two times per year)**

- E04.9 - Goiter, unspecified
- E05.90 - Hyperthyroidism, unspecified
- E03.9 - Hypothyroidism, unspecified E78.5
- I10 - Hyperlipidemia, unspecified F03.90 - Senile dementia, uncomplicated F41.9 - Anxiety, unspecified
- G30.9 - Alzheimer's disease, unspecified
- K59.00 - Constipation, unspecified
- R63.5 - Abnormal weight gain
- R63.4 - Abnormal loss of weight
- R00.2 - Palpitations

**COMMONLY SELECTED DIAGNOSTIC CODES Please check all codes that apply. Space has been provided at the bottom of this list for additional codes.**

- Nutritional deficiency - E63.9
- Vitamin D deficiencies - E55.9
- Iron deficiency - D50.9
- Routine annual health check up - Z00.00
- Long-term (Current) Use Of Other Medications -Z79.891, M79.1, M79.7
- Endocrine Disorder, unspecified - E34.9
- Heart disease, unspecified - I51.9
- Disorder of metabolism, unspecified - E78.9
- Disorder of thyroid, unspecified - E07.9
- Encounter for screening for nutritional disorder - Z13.21
- Encounter for screening for other metabolic disorders - Z13.228
- Encounter for screening for other suspected endocrine disorder - Z13.29
- Hypopituitarism - E23.0
- Immunodeficiency, unspecified - D84.9
- Other Disorders of Pituitary Gland - E23.6
- Other fatigue - R53.83
- Other malaise - R53.81
- Screen for prostate neoplasm - Z12.5
- Weakness - R53.1
- Psoriasis, unspecified - L40.9
- Mixed Hyperlipidemia -E78.2
- Essential (primary) Hypertension - I10

**Additional ICD 10 codes**

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\_\_\_\_\_

Provider Signature

x \_\_\_\_\_ Signature \_\_\_\_\_ NPI# \_\_\_\_\_