



ORDER DATE: TIME:

DID YOU REMEMBER... TO INCLUDE DIAGNOSIS CODE(S)?
ALL MD ORDERS: FAX TO 949-452-3563
PLEASE PRINT CLEARLY ALL INFORMATION MUST BE PROVIDED OR CLIENT ACCOUNT MAY BE BILLED.

COMPLETE FOR ALL BILLING TYPES (Please attach a copy of MEDI-CARE or Insurance Card)

PATIENT INFORMATION FORM: PATIENT NAME, DATE OF BIRTH, PATIENT PHONE, STREET ADDRESS, CITY, STATE, ZIP, ORDERING PHYSICIAN**

BILL TO: CLIENT/PHYSICIAN, PATIENT, CASH PAY, MEDICARE (ABN ?), MEDICAID, OTHER INSURANCE, WORKMAN'S COMP, DROP OFF, PRE-OP, FASTING, NON-FASTING

Orange Coast Medical Center
9920 Talbert Ave.
Fountain Valley, CA 92708
Laboratory: (714)378-7800

INSURANCE: PRINT NAME OF INSURED/RESPONSIBLE PARTY, RELATIONSHIP TO INSURED, DATE OF BIRTH

INSURANCE PTS. ONLY The undersigned agrees, whether he/she signs as agent or as patient, that in consideration of the services to be rendered to the patient he/she hereby individually obligates himself/herself to pay the account of the hospital in accordance with the terms of the hospital.

PATIENT/PARENT/GUARDIAN/CONSERVATOR DATE DATE/TIME COLLECTED: By

- TESTS: ALT (SGPT), ANA - Reflex to Titer if ind, *APTT - Act Prtl Thromboplast, *BHCG Quant, *CBC w/diff(scan/man if ind), *CBC - no differential, *ESR - Westergreen, *Iron Total, *HGB A1C, *HIV Combo Ab/Ag with conf, *PT - Prothrombin Time, *PSA - Prostate Spec Antigen, Rheumatoid Factor (RA), *T4 Free, *TSH, *TSH (HS/3rd Gen) rfx to FrT4, UA - Urinalysis-microscopic if ind, Uric Acid, *** PROFILES ***, Basic Met Panel, Comp Met Panel, Hepatic Function Panel, *Lipid Panel, *** OTHER ***, Chlamydia & GC, Aptima Chlamydia Aptima, GC Aptima, *** MICROBIOLOGY ***, CULTURES- SENSI if indicated, Aerobic-Source, Anaerobic-Source, GC-Source, Throat Culture, *Urine Culture, Respiratory Culture, Viral(susp virus), Herpes (M4 Transport Media), *** STOOL STUDIES ***, C Diff Toxin/Ag with rfx PCR, Stool WBC's (Lactoferrin), Occult Blood, Stool C&S (Parapak), Giardia Crypto Ag

Diagnosis(es) or Signs/Symptoms for each test: REQUIRED

LAV ROYAL GRN UA CUP 7 mL RED GRAY BLUE SST
YEL SWAB VIRAL TRANSPORT FRESH STOOL STOOL TRANSPORT FROZEN
SPUTUM FIOBT OTHER
13635 (10/08/20)

ICD-10 / DIAGNOSIS **
1.
2.
3.
Person authorized to release Diagnosis information:

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9920 Talbert Ave
Fountain Valley, CA 92708
Laboratory: (714)378-7800

PATHOLOGISTS
Dr. Elham Khanifar

CLIA No. 05D0669704

ADVANCE BENEFICIARY NOTICE

Medicare will only pay for services that it determines to be medically reasonable and necessary under section 1862(a)(1) of the Medicare Law. If Medicare determines that a particular test, although it would otherwise be covered, "is not reasonable and necessary", under the Medicare Program Standards, Medicare will deny payment.

Tests ordered by your physician which are likely to be denied for payment should be identified by the * symbol. By signing the separate acknowledgement form you are agreeing to be financially responsible for payment.