Sacramento Phlebotomy www.sacultrasound.com					
DATE OF SERVICE TIME FASTING PHONE			ACCOUNT:		
YES NO					
LAST NAME	FIRST NAME				
ADDRESS: STREET CITY/STATE ZIP					
AGE SEX DATE OF BIRTH	COLLECTED BY	COLLECTED BY REFERRING PHYSICIAL		AN NPI	
BILLING INFORMATION MUST BE COMPLETED					
BILL TO:					
AGENCY MEDICARE PRIVATE INSI	JRANCE I	(Please send copy of card front and back)		S.S. No.	
□ ID#				ICD 10/DIAGNOSIS	
GROUP #					
PROFILES					
GENERAL HEALTH PROFILE: T, L, U CMP, CBC W/ DIFF, SED RATE, HEPATIC, URIC ACID, THYROID PANEL, LIPID PANEL, FI	-	ANEMIA PROFILE: T, L, U CMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH, CHOLESTEROL		ARTHRITIS PROFILE: T, L, U CMP, CBC W/ DIFF, URIC ACID, LIPID PANEL, SED RATE	
IRON, TIBC, MAGNESIUM, HEPATITIS, URINALYSIS, VITAMIN D, HGBA1C HEPATITIS (DIAGNOSTIC PANEL): T HBS ANTIBODY, HBS AG (SURFACE ANTIGEN), ANTI-HBC (HEPATITIS B CORE ANTIBO	OBESITY PROFIL	FERRITIN, IRON, TIBC, URINALYSIS, VIT B12, FOLIC ACID, VIT D 25 OBESITY PROFILE: T, L, U CMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH,		RA, ASO SCREEN, CRP, ANA SCREEN, TSH, URINALYSIS, CPK DIABETES PROFILE: T, L, U CMP, CBC W/ DIFF, LIPID PANEL, HGBA1C	
HAV ANTIBODY (HEPATITIS A ANTIBODY), HCV (HEPATITIS C ANTIBODY	CORTISOL, LIPID PROFILE	CORTISOL, LIPID PROFILE, URINALYSIS, HGBA1C, VIT D25		SED RATE, T3U, TOTAL T4, TSH, CORTISOL, URINALYSIS	
ABDOMINAL DISEASE PROFILE: T, L, U CMP, CBC W/ DIFF, SED RATE, H-PYLORI, TSH, AMYLASE, LIPASE, HEPATITIS PANEL, MAGNESIUM, SGOT, SGPT, GGT, LIPID PANEL, URINALYSIS	CMP, CBC W/ DIFF, SED RATE,P HEP PANEL, SGOT, SGPT, GGT,	LIVER/ALCOHOLISM PROFILE: T, L, U, B CMP, CBC W, DIFF, SED RATE, PF, PTT, AMYLASE, LIPASE, IRON, TIBC, T3U, TOTAL T4, TSH, FERRITIN, HEP PANEL, SGOT, SGPT, GGT, LDH, TOTAL PROTEIN, TOTAL BILIRUBIN, LIPID PANEL, URINALYSIS		BMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, TSH, HCG, LIPID PANEL, MAGNESIUM, PROLACTIN, FSH, LH, IRON, TIBC, FRRITIN, URINALYSIS	
CARDIAC/HYPERTENSION PROFILE: T, L, U CMP, CBC W/ DIFF, SED RATE, T3U, TOTAL T4, T5H, MAGNESIUM, SGOT, SGPT, GGT, LIPID PANEL, URINALYSIS, IRON, TIBC, CRP, CPK, URIC ACID, CORTISOL, FERRITIN	CMP, CBC W/ DIFF, T3U,	KIDNEY/UTI: T, L, U, B CMP, CBC W/ DIFF, T3U, TOTAL T4, TSH, FERRITIN, MAGNESIUM, PTH, VIT D2S LIPID PANEL, URINALYSIS, C/S, SED RATE, CRP, CORTISOL, PHOSPHOROUS		PRE-NATAL PROFILE: T, L, U, GP CMP, CBC W/ DIF, HCG, QUANT, LIPID, BLOOD GROUP, BLOOD TYPE, T3U, TOTAL T4, TSH, RUBELA SCREEN RPR, HIV, CLAMYDIA & GC, HEP PANEL, FERRITIN, IRON, TIBC, ALBUMIN, U/A	
Remarks: PANELS INDIVIDUAL TESTS (ALPHABETICAL) MICROBIOLOGY					
		HEPATITIS BS AG	T E		
COZ, Chio, Crea, Glucose, K, Sodium, BUN/Crea, Cal) COMPLETE METABOLIC PANEL (COZ, Chio, Crea, Glucose, K, Sodium, BUN/Crea, Cal, Alb., TBil, Albaline Phosphates, Total Protein, SGPT, SGOT) ELECTROLYTE PANEL (COZ, Chioride, Sodium, Potassium) LIPID PANEL (COZ, Chioride, Sodium, Potassium) LIPID PANEL (Cholesterol, Triglyceride, HDL, LDL, VLDL) LIVER FUNCTION PANEL (Alb, BUN, Cal, Crea, BUN/Crea, COZ, Glu, Phos, Na, K, Chlo THYROID PROFILE [F14, TSH, T3U, THYROXIN NIDEX] CARDIAC MARKERS (TROPONIN I, CK, MB, MYOGLOBIN, BNP, D-DIMER	T (SGPT) T (SGOT) N P IRUBIN P & FOLATE LCIUM RBAMAZEPINE/TEGRETOL	T HEPATITIS C AB T HIV 1 / HIV 2 T H PYLORI IG AB T IRON BINDING CAPACITY (T LIPASE LITHIUM L MICROALBUMIN T MAGNESIUM T PHENTOIN (DILANTIN) R POTASIUM T PROTEIN, TOTAL T PSA	T		
HEMATOLOGY	OLESTEROL, TOTAL K, TOTAL	T PROLACTIN	т Го	C/CHLAMYDIA 'A & PARASITES	
CBC W DIFF		T PROGESTERONE T RHEUMATOID FACTOR	T BL	OOD CULTURE	
	EATININE P CARDIAC SENSITIVE	T RPR T RUBELLA IGG AB	Ţ <u> </u>		
I FSR I I =	OXIN RADIOL	R SODIUM	S		
HEMOGLOBIN L FEF	RRITIN	T TOTAL TA	T T		
☐ HEMATOCRIT L ☐ FSH	1 & LH ⊤p	T TSH	Ť L		
DIATELET COUNT	JCOSE	G LT3	T		
	B A1C	TRIGLYCERIDE URIC ACID	T T		
RETICULOCYTE COUNT	NTAMICIN G, SERUM	T URINALYSIS		ONAL INFO:	
DTW/IND	PATITIS A, IG, M	T VANCOMYCIN VALPROIC ACID (DEPAKO)	T (E) T		
☐ PTT ACTIVATED B ☐ HEI	PATITIS BS AB	T VITAMIN D25 HYDROXY	T -		
KEY: S - SERUM B - BLUE L - LAVENDER R - RED Y - YELLOW U - URINE G - GRA				RED T - TIGER TOP	
MEDICARE ADVANCE BENIFICIARY NOTICE (ABN) ADDITIONAL TESTS		DOCTO	R OR RN SIGNATURE		
I authorize the release of medical information necessary to process this claim and request payment of benefits to the party who accepts assignment. I permit the copy of this authorization to be used in place of the original. I understand that medicare is likely to deny payment for certain procedures. I agree to be personally responsible for payment of laboratory services if Medicare					
does not provide payment.				SIGNATURE	
Patient's Signature: 2233 WATT AVE, SUITE 1		MENTO CA 95825 PHONE:916 9055363 FAX: 916877769:			