

Lab Express

An OAK CREST Laboratory Affiliate

LAB USE ONLY

BILLING INFORMATION:	PATIENT NAME - LAST		FIRST	MIDDLE INITIAL	CLINIC / FACILITY NAME		
	SOCIAL SECURITY NO.		DATE OF BIRTH	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	PHONE		
	PATIENT / INSURED ADDRESS			PHONE NUMBER	FAX		
	CITY			STATE	ZIP CODE	PRIMARY INS. NAME	
	NAME OF INSURED		SS # OF INSURED	RELATIONSHIP TO PATIENT		MEMBER ID	
	BILL TO <input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER INSURANCE				(ATTACH COPY OF BOTH SIDES OF CARD)		
	MD SIGNATURE			DATE	MEMBER ID		
	PLEASE WRITE PATIENT'S NAME ON ALL SPECIMENS		MD NAME	MD NPI	AM PM	DATE COLLECTED	COLLECTED BY

TUBE KEY:	B-BLUE	G-GREY	K-KIT	L-LAVENDER	R-RED	Y-YELLOW	P-PINK	U-URINE	S/C - Sterile Cup	SW-Culture Swab	SST-Gold/Tiger Top
80074											
80075											
82150											
86038											
80048											
83880											
84520											
86301											
86300											
86304											
82310											
85025											
87075											
82378											
80150											
80053											
82533											
82565											
86140											
86141											
80162											
80185											
80051											
85652											
82728											

MOLECULAR TESTING

- Covid-19 RT PCR test
 UTI PANEL PCR
 C. DIFFICILE, PCR
 WOUND PCR
 Covid-19 Antigen test
 UA w/reflex to UTI PANEL, PCR
 RESPIRATORY PANEL, PCR

DIAGNOSIS CODES (ICD 10)

<input type="checkbox"/> Abdominal Pain R10.9	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease, Unspecified J44.9	<input type="checkbox"/> Encounter for Other Preprocedural Examination Z01.818	<input type="checkbox"/> Hypothyroidism E03.9
<input type="checkbox"/> Abdominal Weight Gain R63.5	<input type="checkbox"/> Congestive Heart Failure I50.40	<input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Colon Z12.12	<input type="checkbox"/> Hypokalemia E87.6
<input type="checkbox"/> Abdominal Weight Loss R63.4	<input type="checkbox"/> Constipation, Unspecified K59.00	<input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Prostate Z12.5	<input type="checkbox"/> Kidney Transplant Status Z94.0
<input type="checkbox"/> Acute Embolism and Thrombosis of Unspecified Vein I82.90	<input type="checkbox"/> Convulsions, Unspecified R56.9	<input type="checkbox"/> Fatigue (Chronic) R53.82	<input type="checkbox"/> Liver Transplant, Status Z94.4
<input type="checkbox"/> Acute Pancreatitis, Unspecified K85.9	<input type="checkbox"/> Crohn's Disease, Unspecified Without Complications K50.90	<input type="checkbox"/> Fever R50.9	<input type="checkbox"/> Liver Disease, Unspecified K76.9
<input type="checkbox"/> Allergy, Unspecified Initial Encounter T78.4CxA	<input type="checkbox"/> Diabetes E11.9	<input type="checkbox"/> Gastritis, Unspecified K29.7	<input type="checkbox"/> Long term use of Anticoagulants Z79.01
<input type="checkbox"/> Anemia D64.9	<input type="checkbox"/> Diarrhea, Unspecified R19.7	<input type="checkbox"/> General Examination Z00.00	<input type="checkbox"/> Long term use of other medications Z79.01
<input type="checkbox"/> Arthritis Unspecified M13.89	<input type="checkbox"/> Decreased Libido R68.82	<input type="checkbox"/> Gout, Unspecified M10.9	<input type="checkbox"/> Malaise R53.81
<input type="checkbox"/> Asthma J45.909	<input type="checkbox"/> Dehydration E86.0	<input type="checkbox"/> Headache R51	<input type="checkbox"/> Melena (blood in stool) K92.1
<input type="checkbox"/> Atrial Fibrillation, Unspecified I48.91	<input type="checkbox"/> Dysuria R30.0	<input type="checkbox"/> Hematuria, Unspecified R31.9	<input type="checkbox"/> Muscle Weakness (Generalized) M62.81
<input type="checkbox"/> Cardiomyopathy I42.8	<input type="checkbox"/> Edema, Unspecified R60.9	<input type="checkbox"/> Hepatitis Exposure Z20.5	<input type="checkbox"/> Nausea R11.0
<input type="checkbox"/> Chest Pain, Unspecified R07.9	<input type="checkbox"/> Elevated Prostrate Specific Antigen (PSA) R97.2	<input type="checkbox"/> Hypercholesterolemia E78.0	<input type="checkbox"/> Obesity, Unspecified E66.9
<input type="checkbox"/> Cirrhosis of Liver K74.80	<input type="checkbox"/> Encounter for Routine Child Health Examination (Non - Abnormal Findings) Z00.129	<input type="checkbox"/> Hyperglycemia, Unspecified R73.9	<input type="checkbox"/> Osteoarthritis, Unspecified Site M19.90
<input type="checkbox"/> Chronic Atrial Fibrillation I48.2	<input type="checkbox"/> Encounter for Pregnancy Test, Result Unknown Z32.00	<input type="checkbox"/> Hyperkalemia E87.5	<input type="checkbox"/> Urinary Tract Infection, Site Not Specified N39.0
<input type="checkbox"/> Chronic Embolism and Thrombosis of Unspecified Vein I82.91		<input type="checkbox"/> Hyperlipidemia E78.4	<input type="checkbox"/> Vomiting, Unspecified R11.10
<input type="checkbox"/> Chronic Kidney Disease N18.4		<input type="checkbox"/> Hypertension, Unspecified I10	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Hypertension, Unspecified E05.9	