DI STEFANO HAIR RESTORATION CENTER

Ordering Provider: Christian Heinis, MD
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PATIENT INFORMATION

NAME: Last First

ADDRESS:

CITY: **ST:** **ZIP:**

PHONE: **DOB:** **SEX:**

SPECIMEN COLLECTION: Time of Last Meal: _____ Hrs Time Collected: _____ Date___/___/___
Tech Init. _____

Send duplicate to:
Physician Name:
Address:

INSURANCE INFORMATION

INSURANCE #1: _____ **POLICY #:** _____ **SP DE CH OT**

INSURANCE #2: _____ **POLICY #:** _____ **SP DE CH OT**

ICD 10 CODES (ENTER ALL THAT APPLY)

1. **Z13.9** 2. _____ 3. _____ 4. _____ 5. _____ 6. _____

I authorize _____ **to release any information and to use the signature below or copy thereof to process my insurance claims.**

SIGNATURE: _____ **DATE:** _____

A.M.A. APPROVED PANELS				COAGULATION		MICROBIOLOGY
Tests with* require diagnosis subject to NCD				PROTHROMBIN TIME/ INR (PTA) *		CULTURES INCLUDE SENSITIVITIES IF REQUIRED
Patient may be responsible for payment		ELECTROLYTES		PART. THROMB. TIME (PTT)*		THROAT CULTURE
	ACUTE HEPATITIS PANEL*		HEPATIC FUNCTION PANEL	**HEMATOLOGY**		THROAT, Rapid Strep Only
	BASIC METABOLIC PANEL (Total Calcium)		LIPID PANEL (Cardiac Risk*)	CBC (Incl. Indicies, Plat, Diff)*		URINE CULTURE/COLONY CT.*
	BASIC METABOLIC PANEL (Ionized Calcium)		OBSTETRIC PANEL	CBC (w/ Platelet, w/o Diff)*		CLEAN CATCH
	COMPREHENSIVE METABOLIC PANEL		RENAL FUNCTION PANEL	HGB & HCT*		INDWELLING CATCH
CHEMISTRY				PLATELET COUNT*		INVASIVE
	ALKALINE PHOSPHATASE		LDH	RETIC COUNT		G.C. CULTURE
	ALT - SGPT		LDL (Direct)*	SED RATE (ESR)*		G.C./CHLAMYDIA-DNA PROBE
	AST - SGOT		LIPASE	**IMMUNOLOGY**		WOUND CULTURE+GRAM STAIN
	AMYLASE, SERUM		LUTH. HORMONE (LH)	ANA		SOURCE:
	BILIRUBIN, DIRECT		MAGNESIUM*	ANTI-ENA		HERPES CULTURE
	BILIRUBIN, TOTAL		MICRO ALBUMIN (Urine)	ASO		ACID FAST SMEAR/CULTURE
	BRAIN NAT. PEPTIDE (BNP)		PARATHYROID HORMONE (PTHI)	CEA*		OTHER CULTURE:
	BUN		POTASSIUM	DNA DOUBLE STRANDED		SOURCE:
	CALCIUM		PREALBUMIN	E.B.V. PANEL		**STOOL**
	CARDIO CRP		PROGESTERONE	HB CORE AB (HBCB)		C. DIFFICILE TOXIN
	CHOLESTEROL*		PROLACTIN	HBsAB (HBSB)		STOOL CULTURE (Campy + ECOLI 0157)
	CORTISOL		PROS. SPEC .ANT (Diagnostic)*	HBsAG		H. PYLORI STOOL AG
	CPK, TOTAL		PROS. SPEC. ANT. (Free & Total)	HEPATITIS A (HAAB)		OCCULT BLOOD*
	CREATININE SERUM		PROS. SPEC. ANT. (Screen)	HEPATITIS C AB - QUAL		OVA & PARASITES
	DHEAS		T3 TOTAL*	H. PYLORI, IGG		GIARDIA/ CRYPTOSPORIDIUM
	ESTRADIOL		T3 UPTAKE*	LYME AB (IMUGEN)		**URINALYSIS**
	FERRITIN*		T4 FREE*	MONO SCREEN		URINALYSIS COMPLETE
	FOLATE		T4 TOTAL*	RA (RHEUM. FACTOR)		**PREGNANCY TEST**
	FSH		TSH*	TREPONEMAL w/ reflex to RPR		HCG BLOOD
	GGTP*		TESTOSTERONE	RUBELLA		HCG URINE
	GLUCOSE TOLERANCE _____HR		TRIGLYCERIDE	VARICELLA AB, IGG		QUANTITATIVE HCG*
	GLUCOSE W/ GLUCOLA, 2 HR.		URIC ACID	**THERAPEUTIC DRUGS**		**ELECTROPHORESIS**
	GLUCOSE, FASTING*		VITAMIN B12	DIGOXIN*		PROTEIN-SERUM (SPEP)
	GLUCOSE, _____GGTP*		VITAMIN D25 HYDROXY	DILANTIN		IMMUNO-SERUM (SIEP)
	GLYCOHEMOGLOBIN*		**IMMUNOCAP**	LITHIUM		PROTEIN-URINE (UPEP)
	HDL CHOLESTEROL*		CHILDHOOD (CHAP)	PHENOBARBITAL		IMMUNO-Urine (UIEP)
	HOMOCYSTEINE		FOOD ALLERGY PROFILE (FOODP)	THEOPHYLLINE		
	IRON*		MOLD ALLERGY PROFILE (MOLD)	TEGRETOL		
	IRON BINDING		RESPIRATORY REGION 1 (RESP1)	VALPROIC ACID		

OTHER:

Christian Heinis MD