

BILL TO:
 MY ACCOUNT
 PATIENT
 MEDICARE
 RAILROAD MEDICARE
 MEDICAID
 Lab Card/Select
 OTHER INSURANCE

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)
Encson, Carl
 DATE M M D D YEAR SEX PATIENT PHONE #
 OF BIRTH 11/10/61 M ()
 PATIENT SOCIAL SECURITY # RM/BED # CHART #

ACCOUNT #: (5779)
 NAME: LISA D. COHEN, MD
 ADDRESS: 100 N GREEN VALLEY PKWY
 CITY, STATE, ZIP STE 215
 TELEPHONE #: HENDERSON, NV 89074
 702-247-9994

Panel Components Are Listed On The Back.
Reflex Tests Are Performed At An Additional Charge.
PSC Appointment Website And Telephone Number Information Listed On The Back.

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT
 PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. #
 CITY STATE ZIP
 MEDICARE NUMBER SUFFIX

DATE COLLECTED TIME : AM PM Fasting STAT

RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT

Send Duplicate Report to: Fax Number:
 NPI / UPIN ORDERING PHYSICIAN AND/OR PAYORS

PRIMARY INSURANCE
 MEDICAID NUMBER
 PRIMARY INSURANCE CO. NAME
 MEMBER / INSURED ID # GROUP #
 INSURANCE ADDRESS
 CITY STATE ZIP
 EMPLOYER NAME/EMPLOYER # INSURED SOCIAL SECURITY # (if not patient)

ORDERING PHYS.: Dr.

- ORGAN / DISEASE PANELS**
- 42 ELECTROLYTE PANEL (Na, K, Cl, CO2) S
 - 104 HEPATIC FUNCTION PANEL (Alb, TBil, DBil, AP, TP, AST, ALT) S
 - @ 982 BASIC METABOLIC PANEL W/eGFR (Na, K, Ca, Cl, CO2, Glu, BUN, Cr) S
 - 916 RENAL FUNCTION PANEL W/eGFR (Alb, Ca, CO2, Cl, Cr, Glu, Phos, K, Na, BUN) S
 - @ 944 COMP METABOLIC PANEL W/eGFR (Na, K, Cl, CO2, Glu, BUN, Cr, Ca, TP, Alb, TBil, AP, AST, ALT) S
 - B 1383 LIPID PANEL (Fasting Specimen) (TChol, Trig, HDL, calc LDL) S
 - B 14852 LIPID PANEL W/RFX DLDL (Fasting Specimen) (TChol, Trig, HDL, calc. LDL) S
 - @ 125 OBS PANEL W/RFX (ABO/Rh, Antibody Scr RBC w/reflex, CBC, RPR (DX) w/reflex confirm, HBsAg w/reflex confirm, Rubella IgG Ab) S, P, L
 - @ 365 HEPATITIS PANEL ACUTE W/RFX (HBsAg w/reflex confirm, HCAb, HA Ab, IgM, HBcAb, IgM) S

- B 7110 CEA S
- 6145 CHLORIDE (Cl) S
- B 6165 CHOLESTEROL, TOTAL (TChol) S
- 6180 CPK S
- 7170 C-REACTIVE PROTEIN (CRP) S
- 6200 CREATININE W/eGFR (Cr) S
- 6186 CREATININE CLEARANCE U24/S
- 116182 CRP, CARDIO S
- @ 7185 DIGOXIN S
- @ 7225 FERRITIN S
- 7230 FOLATE (FOLIC ACID) S
- 7235 FOLLICLE STIMULATING HORMONE (FSH) S
- B 6240 GGT (GGTP) S
- B 6245 GLUCOSE FASTING GY
- 6259 GLUCOSE MATERNAL 1 HR. (RANGE 70-130) GY
- 19833 GLUCOSE MATERNAL 1 HR. (RANGE 70-140) GY
- TOLERANCE, INDICATE HR. _____
- B 6247 GLUCOSE, RANDOM (Glu) GY
- B 6605 GLYCOSYLATED HGB (HgbA1C) L
- B 6275 HDL S
- 36454 HELICOBACTER PYLORI UREA BREATH TEST (UBIT™) S
- 3385 HELICOBACTER PYLORI AB IGG S
- @ 4514 HEMATOCRIT L
- @ 4516 HEMOGLOBIN L
- @ 7045 HEP A AB, IGM S
- @ 1810 HEP B CORE AB, IGM S
- @ 7290 HEP B SURFACE AB QUAL S
- @ 7270 HEP B SURFACE AG W/RFX S
- @ 1590 HEP C VIRUS AB S
- B 1740 HEPATITIS C RNA, PCR QUANT FPL
- B 3200 HIV-1/2 SCR W/RFX WB CONFIRM S, R
- B 40085 HIV-1 RNA, PCR QUANTITATIVE FPL
- @ 6290 IRON (TOT), IBC % SAT S
- @ 6285 IRON, TOTAL S
- 6300 LDH S
- B 6307 LDL, DIRECT MEASUREMENT S
- 6310 LIPASE S
- 6315 LITHIUM S
- 7340 LUTEINIZING HORMONE (LH) S

- OTHER TESTS**
- 9500 ABO GROUP & RH TYPE P
 - 6015 ALBUMIN (Alb) S
 - 6025 ALKALINE PHOSPHATASE (AP) S
 - @ 7007 ALPHA-1-FETOPROTEIN (TUMOR MARKER) S
 - 6420 ALT (SGPT) S
 - 6040 AMYLASE S
 - 3000 ANA W/RFX TOTITER S
 - 9550 ANTIBODY SCR, RBC W/RFX ID 2P
 - 6415 AST (SGOT) S
 - 6075 BILIRUBIN, DIRECT (DBil) S
 - 6090 BILIRUBIN, TOTAL (TBil) S
 - 6103 BUN S
 - 6110 CALCIUM (Ca) S
 - 7100 CARBAMAZEPINE (TEGRETOL™) S
 - 6175 CARBON DIOXIDE (CO2) S
 - @ 4518 CBC (H/H, RBC, Indices, WBC, PLT) L
 - @ 4500 CBC W/DIFF (H/H, RBC, Indices, WBC, PLT, DIFF) L

- 5355 MAGNESIUM S
- 6517 MICROALBUMIN, QUALITATIVE, URINE U
- 7420 PHENYTOIN, (DILANTIN™) R
- 6363 PHOSPHORUS S
- 6380 POTASSIUM (K) S
- B 7275 PREGNANCY, HCG TOTAL QUANT S
- B 7440 PREGNANCY, HCG TOTAL QUAL SERUM S
- 7445 PROGESTERONE S
- 7450 PROLACTIN S
- 6725 PROTEIN ELECTROPHORESIS W/TP S
- 6400 PROTEIN, TOTAL (TP) S
- B 4021 PROTHROMBINTIME + INR (PT) B
- B 7455 PSA S
- @ 4023 PTT B
- 4530 RETIC COUNT L
- 4325 RHEUMATOID FACTOR (RA) S
- 4341 RPR W/RFX TITER (MONITORING) S
- 4345 RPR W/RFX TITER/FTA (DIAGNOSTIC) S
- 4327 RUBELLA IGG AB S
- 4542 SED RATE (WESTEREGREN) L
- 6425 SODIUM (Na) S
- 7515 T3 HORMONE (Formerly T3 RIA) S
- B 7520 T3 UPTAKE S
- B 7525 T4 S
- B 7528 T4, FREE S
- 7545 TESTOSTERONE S
- 7550 THEOPHYLLINE S
- B 6440 TRIGLYCERIDES (Trig) S
- B 7580 TSH, ULTRA SENSITIVE S
- 4780 UA, COMPLETE (DIPSTICK & MICRO) U
- @ 4770 UA, COMPLETE RFX CULT, # U/URG
- 4785 UA, DIPSTICK ONLY U
- 4775 UA, DIPSTICK W/RFX TO MICRO U
- 6455 URIC ACID S
- 7590 VALPROIC ACID (DEPAKENE™) S
- B 11280 VAP CHOLESTEROL S
- 7610 VITAMIN B12 S

Medicare Limited Coverage Tests
 @ = May not be covered for the reported diagnosis.
 F = Has prescribed frequency rules for coverage.
 & = A test or service performed with research/experimental kit.
 B = Has both diagnosis and frequency-related coverage limitations.
 Provide signed ABN when necessary

ICD9 Code (enter all that apply)
 333.91 228.85 333.7

MICROBIOLOGY

- SOURCE: MUST BE INDICATED HERE
- # Sensitivities and/or IDs will be performed if indicated at additional charge.
- 2000 AFB (W/SMEAR), CULTURE, #
 - 2600 BETA STREP, GROUP A, CULTURE, #
 - 2601 BETA STREP, GROUP B, CULTURE, #
 - 2200 BLOOD, CULTURE, #
 - 2250 FLUID (W/SMEAR), CULTURE, #
 - 2375 RESPIRATORY (NOT SPUTUM), CULTURE, #
 - 2350 SPUTUM (W/QUALITY SMEAR), CULTURE, #
 - 2500 STOOL (CAMPY/SAL/SHIG), CULTURE, #
 - 2504 CAMPYLOBACTER, CULTURE, #
 - 2501 SALMONELLA/SHIGELLA, CULTURE, #
 - @ 2400 URINE, CULTURE, #
 - 2800 VAGINAL (W/WET MOUNT), CULTURE, #
 - 2275 WOUND (W/SMEAR), CULTURE, #
- Smear and Miscellaneous**
- 14577 BV/VAGINITIS SCREEN
 - 3525 C. DIFFICILE TOXIN
 - 17304 GC, DNA AMPLIFIED
 - 17303 CHLAMYDIA, DNA AMPLIFIED
 - 17305 GC/CHLAMYDIA, DNA AMPLIFIED
 - 1378 GC, GENPROBE™
 - 1377 CHLAMYDIA, GENPROBE™
 - 1380 GC/CHLAMYDIA, GENPROBE™ W/RFX
 - 2025 GRAM STAIN
 - 11293 InSure™ OCC BLD (MEDICARE SCR)
 - 11290 InSure™ OCC BLD (DIAGNOSTIC)
 - B 2945 OCC BLD (MEDICARE SCR)
 - B 2940 OCC BLD (DIAGNOSTIC)
 - 2900 OVA & PARASITES W/STAIN
 - 2035 WET MOUNT

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE) Reflex tests are performed at an additional charge.

- @ Anti-GAD65 Antibody
- @ ANCA
- @ HTLV I/III Antibodies
- [] 1457 HEAVY METALS (W/PROF112)
- [] PROFILE 114 (STAGE 1)*
- [] 1812 PORPHOBILINOGEN, QUANT
- [] 7360 MYSOLIN (PHENOBARB)

TOTAL TESTS ORDERED

For any patient of any payer (including Medicare and Medicaid), only order those tests which are medically necessary for the diagnosis and treatment of the patient.