

Patient Information [Must be Complete]			HARMONY PLACE ASSISTED LIVING@ PARK RIDG Client Code: ZZFIHP 8420 ROOSEVELT PHILA.,PA 19152 (P) 215.708.2200 (F)	
NAME (last, first)			<input type="checkbox"/> BERDICHEVSKAYA,VIOLETTA <input type="checkbox"/> SPECTOR,HARVEY <input type="checkbox"/> BERGMAN,HERBERT <input type="checkbox"/> STEIN,BRIAN <input type="checkbox"/> DIBELLO,ANGELO <input type="checkbox"/> TUMASZ,JACK <input type="checkbox"/> KADKHODA,ALI <input type="checkbox"/> YEOMAN,GARY <input type="checkbox"/> MERMELSTEIN,NEAL <input type="checkbox"/>	
ADDRESS		ROOM #	PHYSICIAN SIGNATURE	
CITY :	STATE	ZIP CODE		COLLECTED BY:
SS#	SEX (circle) M F	MARITAL STATUS S M UNK		DATE/TIME:
DOB		TELEPHONE 215-708-2200		
ICD-9 DIAGNOSIS CODE(S) - MUST BE PROVIDED				

Primary Insurance Information		Secondary Insurance Information	
Check one <input type="checkbox"/> Medicare Part B (M01) <input type="checkbox"/> Medicaid (P01) <input type="checkbox"/> Blue Cross (B01) <input type="checkbox"/> Personal Choice (B06) <input type="checkbox"/> Americhoice (G50) <input type="checkbox"/> Keystone Mercy Hlth Plan (U15) <input type="checkbox"/> Keystone Health Plan East (K60) capitated physicians only <input type="checkbox"/> BILL: HARMONY PLACE(I24) <input type="checkbox"/> Other:	Insurance Name Policy # Group # Subscriber Name (If different than pt) Relationship to insured <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> dependent	Check one <input type="checkbox"/> Medicare Part B (M01) <input type="checkbox"/> Medicaid (P01) <input type="checkbox"/> Blue Cross (B01) <input type="checkbox"/> Personal Choice (B06) <input type="checkbox"/> Blue Cross 65 (B65) <input type="checkbox"/> AARP (I11) <input type="checkbox"/> Other:	Insurance Name Policy # Group # Subscriber Name (If different than pt) Relationship to insured <input type="checkbox"/> self <input type="checkbox"/> spouse <input type="checkbox"/> dependent

PHYSICIAN'S LABORATORY ORDERS			
LAB	PANELS	LAB	OTHER TESTS
<input type="checkbox"/> 4919 ACUTE HEPATITIS PANEL <small>(HA-IgM, Hbc-IgM, HbsAg, Hep-C)</small>	<input type="checkbox"/> 3049 BASIC METABOLIC PANEL <small>(LYTES, BUN, CREAT, GLUC, CA)</small>	<input type="checkbox"/> 4818 ANTINUCLEAR AB	<input type="checkbox"/> 4862 HIV AB SCREEN** <small>**Keep consent on file</small>
<input type="checkbox"/> 3496 COMPREHENSIVE PANEL <small>(ALB, ALKP, TBIL, BUN, CA, CREAT, LYTES, GLUC, TP ALT, AST)</small>	<input type="checkbox"/> 3497 ELECTROLYTES	<input type="checkbox"/> 3015 AST	<input type="checkbox"/> 7271 HOMOCYSTEINE (Plasma)
<input type="checkbox"/> 3040 LIPID PANEL <small>(CHOL, TRIG, HDL, LDL)</small>	<input type="checkbox"/> 3040 LIPID PANEL	<input type="checkbox"/> 3020 BILIRUBIN, DIRECT	<input type="checkbox"/> 3701 IRON/TRANSFERRIN/TIBC
<input type="checkbox"/> 3592 LIVER (HEPATIC) PANEL <small>(ALB, TBIL, DBIL, ALKP, TP, ALT, AST)</small>	<input type="checkbox"/> 3040 LIPID PANEL	<input type="checkbox"/> 3019 BILIRUBIN, TOTAL	<input type="checkbox"/> 7119 LEAD
LAB HEMATOLOGY	<input type="checkbox"/> 1000 CBC, DIFF, & PLT COUNT	<input type="checkbox"/> 3006 BUN	<input type="checkbox"/> 7122 LH
<input type="checkbox"/> 1040 CBC & PLATELET COUNT	<input type="checkbox"/> 1080 HEMOGLOBIN	<input type="checkbox"/> 7032 CA-125	<input type="checkbox"/> 3028 LIPASE
<input type="checkbox"/> 1100 HEMATOCRIT	<input type="checkbox"/> 1140 PT WITH INR	<input type="checkbox"/> 3024 CALCIUM	<input type="checkbox"/> 7123 LIPOPROTEIN (a)
<input type="checkbox"/> 1160 PTT	<input type="checkbox"/> 1260 RETICULOCYTE	<input type="checkbox"/> 3190 CARBEMAZEPINE	<input type="checkbox"/> 3101 LITHIUM
<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 3870 CEA	<input type="checkbox"/> 4870 LYME AB w/ reflex confirm
CYT CYTOLOGY	<input type="checkbox"/> 1000 CBC, DIFF, & PLT COUNT	<input type="checkbox"/> 3029 CHOLESTEROL	<input type="checkbox"/> 3026 MAGNESIUM
Use cytopathology requisition	<input type="checkbox"/> 1040 CBC & PLATELET COUNT	<input type="checkbox"/> 3650 CORTISOL 8 AM	<input type="checkbox"/> 7272 MICROALBUMIN, Urine
PTH PATHOLOGY	<input type="checkbox"/> 1080 HEMOGLOBIN	<input type="checkbox"/> 3655 CORTISOL 4 PM	<input type="checkbox"/> 4805 MONO TEST
Use cytopathology requisition	<input type="checkbox"/> 1100 HEMATOCRIT	<input type="checkbox"/> 3007 CREATININE	<input type="checkbox"/> 1760 OCCULT BLOOD, STOOL
LAB OTHER TESTS	<input type="checkbox"/> 1140 PT WITH INR	<input type="checkbox"/> 4834 C-REACTIVE PROTEIN	<input type="checkbox"/> 3160 PHENOBARBITAL
<input type="checkbox"/> 3023 ALBUMIN	<input type="checkbox"/> 1160 PTT	<input type="checkbox"/> 3979 high sensitivity CRP (Cardio)	<input type="checkbox"/> 3025 PHOSPHORUS
<input type="checkbox"/> 3017 ALKALINE PHOSPHATASE	<input type="checkbox"/> 1260 RETICULOCYTE	<input type="checkbox"/> 3100 DIGOXIN	<input type="checkbox"/> 3856 PREALBUMIN
<input type="checkbox"/> 3016 ALT	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 7078 ESTRADIOL	<input type="checkbox"/> 7146 PROGESTERONE
<input type="checkbox"/> 3027 AMYLASE	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 3715 FERRITIN	<input type="checkbox"/> 7148 PROLACTIN
<input type="checkbox"/> 3023 ALBUMIN	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 3725 FOLATE	<input type="checkbox"/> 3022 PROTEIN, TOTAL
<input type="checkbox"/> 3017 ALKALINE PHOSPHATASE	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 7088 FSH	<input type="checkbox"/> 7154 PSA, SCREEN
<input type="checkbox"/> 3016 ALT	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 3018 GGT	*Date of Last PSA _____
<input type="checkbox"/> 3027 AMYLASE	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 3005 GLUCOSE	<input type="checkbox"/> 7152 PSA, DIAGNOSTIC
<input type="checkbox"/> 3023 ALBUMIN	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 3685 HCG, QUANT (PREG TEST)	<input type="checkbox"/> 7156 PSA with FREE PSA Reflex
<input type="checkbox"/> 3017 ALKALINE PHOSPHATASE	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 7096 HEMOGLOBIN A1C	<input type="checkbox"/> 7145 PTH, INTACT
<input type="checkbox"/> 3016 ALT	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 7098 HEMOGLOBIN A1C WITH FRUCTOSAMINE REFLEX	<input type="checkbox"/> 4882 RHEUMATOID FACTOR
<input type="checkbox"/> 3027 AMYLASE	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 4807 HEP A AB, IGM	<input type="checkbox"/> 4801 RPR
<input type="checkbox"/> 3023 ALBUMIN	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 4810 HEP B SURFACE AB	<input type="checkbox"/> 4804 RUBELLA SCREEN
<input type="checkbox"/> 3017 ALKALINE PHOSPHATASE	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 4809 HEP B SURFACE AG	<input type="checkbox"/> 3605 T4 (THYROXINE)
<input type="checkbox"/> 3016 ALT	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 4856 HEP C AB	<input type="checkbox"/> 7090 T4, FREE
<input type="checkbox"/> 3027 AMYLASE	<input type="checkbox"/> 1280 SED RATE	<input type="checkbox"/> 4856 HEP C AB	<input type="checkbox"/> 7089 TESTOSTERONE, TOTAL

MICROBIOLOGY w/reflex confirm

SOURCE/SITE:

4060 C DIFF (C.DIFFICILE TOXIN A&B)

Urethral Endocervical

ADDITIONAL TESTS

4911 CHLAMYDIA/GC, PCR (Aptima)

4086 CULTURE, CAMPYLOBACTER

4017 CULTURE, GYN

4019 CULTURE, STOOL

4009 CULTURE, THROAT

4004 CULTURE, URINE

4012 CULTURE, WOUND

4065 GROUP B STREP CULT

4024 OVA & PARASITES

ests which are medically required for the treatment and diagnosis of the patient

Please call (610) 237-4742

SE ONLY***

<input type="checkbox"/> SST	<input type="checkbox"/> GREEN	<input type="checkbox"/> CULTURE (OTHER)	MHL ID NUMBER
<input type="checkbox"/> PLAIN RED	<input type="checkbox"/> GRAY	<input type="checkbox"/> DNA PROBE	
<input type="checkbox"/> LAV	<input type="checkbox"/> URINE	<input type="checkbox"/> OTHER	
<input type="checkbox"/> LT BLUE	<input type="checkbox"/> URINE CULTURE	<input type="checkbox"/> OTHER	