



51327-0 7642186-9

HOLCUMB PEDI & SPORTS MED
134 MENGER SPGS # 1240
BOERNE, TX 78006-7214

PHONE # 50-818-5437 REF#354TF651327

Form with fields for TIME (AM/PM), TOTAL VOL/HRS., and Fasting/Non Fasting options.

UPIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

X 1639222664 HOLCUMB, RICHARD A

Form for ADD'L PHYS: Dr. N-PROVIDER, NAME, NPI/UPIN, I.D.#

X Fax Results to: (210) 458-5118

Form for Client # OR NAME, ADDRESS, CITY, STATE, ZIP

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

- 34392 Electrolyte Panel
10256 Hepatic Function Panel
10165 Basic Metabolic Panel w/eGFR
10231 Comp Metabolic Panel w/eGFR
B 7600 Lipid Panel (Fasting Specimen)
3 14852 Lipid Panel w/Reflex d-LDL
20210 Obstetric Panel w/Reflex Y,L,S
10306 Hepatitis Panel, Acute w/Reflex
10314 Renal Functional Panel w/eGFR

HEMATOLOGY

- @ 510 Hemoglobin L
@ 509 Hematocrit L
@ 1759 CBC (Hgb, Hct, RBC, WBC, Plt) L
@ 6399 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, D) L
B 8847 PT with INR B
@ 763 PTT, Activated B

OTHER TESTS

- 7788 ABO Group & Rh Type Y
@ 237 AFP Tumor Marker S
223 Albumin S
234 Alkaline Phosphatase S
823 ALT S
243 Amylase S
249 ANA w/Reflex Titer S
795 Antibody Scr, RBC w/Reflex ID Y
822 AST S
285 Bilirubin, Direct S
287 Bilirubin, Total S

- 4420 C-Reactive Protein CRP S
@ 29493 CA 27.29 S
@ 29256 CA 125 S
303 Calcium S
B 10124 Cardio CRP S
11173 CCP Ab IgG S
B 978 CEA S
B 334 Cholesterol, Total S
374 CK, Total S
375 Creatinine w/eGFR S
402 DHEA Sulfate, Immunoassay S
B 8293 Direct LDL S
4021 Estradiol S
@ 457 Ferritin S
B 466 Folic Acid S
470 FSH S
@ 482 GGT S
8477 Glucose, Gest. Scr. GY
B 484 Glucose, Plasma GY
B 483 Glucose, Serum S
14839 H. pylori Urea Breath Test HB
8435 hCG, Serum, Qual S
B 8396 hCG, Serum, Quant S
B 496 Hemoglobin A1c L
B 16802 Hemoglobin A1c w/eAg L
499 Hep B Surface Ab Qual S
498 Hep B Surface Ag w/Reflex Confirm S
8472 Hep C Virus Ab S
B 19728 HIV-1/HIV-2 Scr w/Reflexes S
B 31789 Homocysteine, Cardiovascular S
561 Insulin S
549 Immunofixation (IFE) S
@ 7573 Iron (Total), IBC, % Sat S

- @ 571 Iron, Total S
593 LDH S
599 Lead (B) TN
615 LH S
606 Lipase S
6646 Lyme Ab-WB w/ Reflex Confirm IgG & IgM S
622 Magnesium S
6517 Microalbumin, Random Urine w/Creat S
Fecal Globin, Feces - FIT, InSure\*
B 11290 DX F 11293 MCR Scr S
718 Phosphorus S
733 Potassium S
745 Progesterone S
746 Prolactin S
B 5363 PSA, Total S
793 Reticulocyte Count, Automated L
4418 Rheumatoid Factor S
F 799 RPR (Monitoring) w/Reflex Titer S
F 36126 RPR (DX) w/Reflex Confirm S
802 Rubella IgG S
809 Sed Rate by Mod West L
15983 Testosterone, Total, LC/MS/MS SR
873 Testosterone, Total, Male SR
5081 Thyroid Peroxidase Antibodies (TPO)-S S
B 896 Triglycerides S
B 899 TSH S
B 36127 TSH w/Reflex T-4, Free S
34429 T-3, Free S
859 T-3, Total S
B 861 T-3 Uptake S
B 867 T-4 (Thyroxine), Total S
B 866 T-4 (Thyroxine), Free S

- 6448 UA, Dipstick Only
7909 UA, Dipstick w/Reflex Microscopic
5463 UA, Complete (Dipstick & Microscopic)
@ 3020 UA, Complete, w/Reflex Culture
294 Urea Nitrogen (BUN)
905 Uric Acid
916 Valproic Acid
4439 Varicella-Zoster Virus Ab (IgG)
B 7065 Vitamin B12/Folic Acid
B 927 Vitamin B12
B 17306 Vitamin D (Quest Assay 0/25-OH) D2, D3, LC/MS/MS

MICROBIOLOGY

- Source (Required)
4550 Culture, Aerobic Bacteria\*
4446 Culture, Aerobic & Anaerobic\*
4485 Culture, Group A Strep\*
5617 Culture, Group B Strep\*
4558 Culture, Genital\*
394 Culture, Throat\*
@ 395 Culture, Urine, Routine\*\* [Inc. Indwelling]
Amplified Specimen Type (please check)
Endocervical Urethral Urine
F 11363 Chlamydia & N. gonorrhoeae RNA,
Stool Pathogens (Campy, Salm/Shig)
10108 Culture, Stool, Shiga toxins w/Reflex
34838 H. pylori Ag, EIA Stool
681 O & P w/Permanent Stain
\* Additional charge for ID and Susceptibility

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

Screening for Sickle cell trait

Form for COMMENTS, CLINICAL INFORMATION, TOTAL TESTS ORDERED (1), Physician Signature

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

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

Form for Name, REGISTRATION #, DATE OF BIRTH, PATIENT SOCIAL SECURITY #, OFFICE / PATIENT ID #, ROOM #, LAB REFERENCE #, PATIENT PHONE #, PRINT NAME OF INSURED/RESPONSIBLE PARTY, PATIENT STREET ADDRESS, CITY, STATE, ZIP, MEDICARE NUMBER, RELATIONSHIP TO INSURED, PRIMARY INSURANCE CO. NAME, MEMBER / INSURED ID #, GROUP #, INSURANCE ADDRESS, CITY, STATE, ZIP, EMPLOYER NAME/EMPLOYER #, INSURED SOCIAL SECURITY #

PRIMARY INSURANCE

Form for Medicare Limited Coverage Tests, ICD Codes (enter all that apply) 213.0

Table with columns for REF#354TF, 51327, 7642186, 51327, 7642186, NAME, 51327, 7642186