



Customer Service: (405) 307-1111 • FAX: (405) 307-1102 • normanregional.com/lab
 CLIA# 37D0699484 • See Back for Locations

REQUIRED PATIENT INFORMATION			
NAME LAST	FIRST	MI	
DOB	MARITAL STATUS	SEX	ROOM NO.
SS#	PHYSICIAN (First & Last Name)		
PHONE HOME	PHONE OTHER		
STREET ADDRESS/PO BOX			
CITY	STATE	ZIP	
EMAIL ADDRESS (OPTIONAL)			
INSURANCE INFORMATION REQUIRED/SEND COPIES OF CARD (FRONT & BACK)			
PRIMARY INSURANCE			
MEDICARE/MEDICAID #			
SECONDARY INSURANCE			
PHYSICIAN SIGNATURE: _____			

ORDER DATE	REQUESTED DRAW DATE
------------	---------------------

STAT Call
 Fax To: (Name of Provider) _____

CLIENT

All fields must be completed for order to be valid:

Clinic Name: _____

Address: _____

Phone: _____ Fax: _____

Ordering Provider: _____

CERTIFICATION: I certify that I have read each of the statements on the reverse side, that they are true and correct to the best of my knowledge, that I have had each item explained to me to my satisfaction, and that I am the patient or am duly authorized by the patient to sign the agreement and accept its terms. I have received and accepted a copy of NRH's "Notice of Privacy Practices." Yes No If no, give reason: _____

Patient/Guarantor/or Authorized Person _____ Spouse/Policyholder/or Authorized Person _____ Relationship _____ Date _____ Witness _____
 Reason if patient is unable to sign: Minor Physical Condition Mental Condition

		ICD10:			ICD10:			ICD10:			
		Order Code	Panels/Profiles (see reverse)	Key	Order Code	Test	Key	Order Code	Microbiology/Urinalysis	Key	
TOTAL TESTS ORDERED	Universal Transport Media	<input checked="" type="checkbox"/>	ANEMIA	Anemia Profile	(L, GO)	<input checked="" type="checkbox"/>	GGT	GGT	GO	Indicate Urine Collection Method: <input type="checkbox"/> CC <input type="checkbox"/> Foley < 7 days <input type="checkbox"/> Cath <input type="checkbox"/> Foley > 7 days <small>Urine transferred to UA Preservation transport tube for urinalysis and Boric Acid tube for culture do not require refrigeration.</small>	
		<input type="checkbox"/>	BMP	Basic Metabolic Panel	GO	<input checked="" type="checkbox"/>	GLUCFBS	Glucose, fasting	GO		UAMIC UA and Microscopic Y UAPRNCULT UA (Culture PRN) (Y,BA) UCULT Urine Culture BA SPCULT Respiratory/Sputum Culture <input type="checkbox"/> Expecterated <input type="checkbox"/> Induced <input type="checkbox"/> Tracheal Aspirate
		<input type="checkbox"/>	CARDRISKPAN	Cardiac Risk Profile	GO	<input checked="" type="checkbox"/>	HCGQNT	HCG, Serum (Quant)			
		<input type="checkbox"/>	CMP	Comprehensive Met. Panel	GO	<input checked="" type="checkbox"/>	HCGSSC	HCG, Serum Scr (Qual)	GO		
		<input type="checkbox"/>	ELECT	Electrolyte Panel	GO	<input checked="" type="checkbox"/>	HCGFLEX	HCG, Serum screenrflx Quant	GO		
		<input type="checkbox"/>	HEPACUTE	Hepatitis Panel, Acute	GO	<input checked="" type="checkbox"/>	HCGUR	HCG, Urine Screen	U		
		<input type="checkbox"/>	LIPPROF	Lipid Panel, Fasting	GO	<input checked="" type="checkbox"/>	HGBA1C	Hemoglobin A1C	L		
		<input type="checkbox"/>	LIVER	Liver (Hepatic) Fuction Panel	GO	<input checked="" type="checkbox"/>	HH	Hemoglobin & Hematocrit	L		
		<input type="checkbox"/>	PRENATAL	Prenatal Panel L, Pk, GOX3		<input checked="" type="checkbox"/>	HCVAB	Hepatitis C AB	GO		
		<input type="checkbox"/>	RENAPANEL	Renal Function Panel	GO	<input checked="" type="checkbox"/>	HIV12	HIV-1/ HIV-2	GO		
		<input type="checkbox"/>	SRCEXPOS	Source Exposure Panel	L, GO	<input checked="" type="checkbox"/>	HPYLORBREA	H Pylori Breath Test			
		<input type="checkbox"/>	THYPROF	TSH with reflex to FT4	GO	<input checked="" type="checkbox"/>	FLURAPID	Influenzae A & B	UTM		
		<input type="checkbox"/>	UDS	Urine Drug Screen	U	<input checked="" type="checkbox"/>	IRNTIBC	Iron & TIBC	GO		
		<input type="checkbox"/>	U24CRCL	24Hr Creatinine Clearance	U,S	<input checked="" type="checkbox"/>	IRON	Iron	GO		
		AM PM	Fast = Pink Urine = Yellow UTM = Universal Transport Media	<input type="checkbox"/>	HT	WT		<input checked="" type="checkbox"/>	LDH	LDH	GO
<input type="checkbox"/>	UMALBUAREA			Albumin Creatinine Ratio	U	<input checked="" type="checkbox"/>	LIP	Lipase	GO		
<input type="checkbox"/>	AST			AST	GO	<input checked="" type="checkbox"/>	MG	Magnesium	GO		
<input type="checkbox"/>	ALT			ALT	GO	<input checked="" type="checkbox"/>	MONOSCREEN	Mono Screen	GO		
<input type="checkbox"/>	AMM			Ammonia, Transport On Ice	M	<input checked="" type="checkbox"/>	PHOS	Phosphorus	GO		
<input type="checkbox"/>	AMY			Amylase	GO	<input checked="" type="checkbox"/>	K	Potassium	GO		
<input type="checkbox"/>	PREALB			Prealbumin	GO	<input checked="" type="checkbox"/>	STCULT	Stool Culture	GO		
<input type="checkbox"/>	ANAPRNTITER			ANA Screen (Titer PRN)	GO	<input checked="" type="checkbox"/>	CDIFFPCR	C. difficile, PCR	GO		
<input type="checkbox"/>	B12			B12	GO	<input checked="" type="checkbox"/>	PSA	PSA (diagnostic)	GO		
<input type="checkbox"/>	B12FOL			B12 & Folate	GO	<input checked="" type="checkbox"/>	PSAS	PSA Screen Only, Total	GO		
<input type="checkbox"/>	BILI			Bilirubin	M	<input checked="" type="checkbox"/>	PT	Protime with INR	B		
<input type="checkbox"/>	BNP			BNP for CHF	Pk	<input checked="" type="checkbox"/>	PTT	PTT	B		
<input type="checkbox"/>	CBCDIFF			CBC with Differential	L	<input checked="" type="checkbox"/>	RAPRNTITER	RA Screen (Titer PRN)	GO		
<input type="checkbox"/>	HEMOGR			CBC no Differential (Hemogram)	L	<input checked="" type="checkbox"/>	RSVSCR	RSV Screen	UTM		
<input type="checkbox"/>	CK			CPK (Creatine Kinase)	GO	<input checked="" type="checkbox"/>	ESR	Sed Rate, Westergren, D	L		
DATE	M = Mint Green L = Lavender GO = Gold BA = Boric Acid	<input type="checkbox"/>	CRPHSCAR	CRP - Cardiac	GO	<input checked="" type="checkbox"/>	SPE	Serum Protein Electrophoresis	GO	Additional Tests	
		<input type="checkbox"/>	CRPINFLA	CRP - Inflammation	GO	<input checked="" type="checkbox"/>	CARB	Tegretol (Carbamazepine)	GO		
		<input type="checkbox"/>	CREAT	Creatinine	GO	<input checked="" type="checkbox"/>	TESTTTL	Testosterone, Total Male	GO		
		<input type="checkbox"/>	DD	D-Dimer	B	<input checked="" type="checkbox"/>	TSH	TSH Sensitive	GO		
		<input type="checkbox"/>	DILANTIN	Dilantin (Phenytoin)	GO	<input checked="" type="checkbox"/>	T3F	T3 Free	GO		
		<input type="checkbox"/>	DIG	Digoxin	GO	<input checked="" type="checkbox"/>	T4F	T4 Free	GO		
		<input type="checkbox"/>	FER	Ferritin	GO	<input checked="" type="checkbox"/>	URIC	Uric Acid	GO		
		<input type="checkbox"/>	FOL	Folate	GO	<input checked="" type="checkbox"/>	VALP	Valproic Acid (Depakote)	GO		
		<input type="checkbox"/>	VITDTOT	Vitamin D Total	GO	<input checked="" type="checkbox"/>			GO		

Medicare regulations specify only tests medically necessary for diagnosis or treatment should be ordered. Indicate the ICD-10 code in the space provided. **Bolded Order Codes (Mnemonics)** indicate medical necessity must be met. 15151 (7/18)

Printed by Proforma 800.365.3556

Doctor's Park Building 500 E. Robinson St., Suite 1600 Norman, OK 73071 Phone: 405.307.1149 Fax: 405.307.1102
Findlay Medical Center 809 N. Findlay, Suite 101 Norman, OK 73071 Phone: 405.307.3754 Fax: 405.307.1102
HPX Hospital Outpatient Services 3300 HealthPlex Parkway Norman, OK 73072 Phone: 405.515.2650 Fax: 405.307.1102
Professional Building 3400 W. Tecumseh Road, Suite 110 Norman, OK 73072 Phone: 405.307.6966 Fax: 405.307.1102
Norman Regional Moore 700 S. Telephone Rd. Moore, OK 73160 Phone: 405.912.3540 Fax: 405.307.1102
NRH Outpatient Diagnostic Services 901 N. Porter, NE Entrance Norman, OK 73071 Phone: 405.307.2641 Fax: 405.307.1102
Women's Healthcare Plaza 3440 R.C. Luttrell Dr. Suite 101 Norman, OK 73072 Phone: 405.515.0291 Fax: 405.307.1102

DISCLOSURES AND AGREEMENTS

CONSENT FOR TREATMENT: The patient, or his/her representative, hereby acknowledges the patient's need for treatment because he or she suffers from a condition requiring diagnosis and medical and/or surgical treatment. The undersigned requests and voluntarily consents to the procedure(s) performed by this laboratory. This includes testing for communicable diseases, including but not limited to, the Human Immunodeficiency Virus also know as Acquired Immune Deficiency Syndrome(AIDS). No guarantees have been made to the undersigned about the outcome of any examination or treatment. The Hospital is authorized to retain, preserve, or dispose of at its convenience any specimens or tissues removed from the patient's body.

CONSENT FOR RELEASE OF INFORMATION: The patient, or his/her representative, hereby authorizes Norman Regional Hospital and/or the physicians responsible for the patient's care to release all or part of the patient's medical record to any party(such as a person, employer, governmental agency, charitable organization, insurance company or other business firm) which is paying the patient's bill at Norman Regional Hospital or by any contract may be expected to pay the bill or to any other health care provider for continuity of care for the patient. The Hospital is also authorized to use the patient's medical record information in its quality assurance and utilization review programs and may also disclose such information when necessary or appropriate for medical research and monitoring or as otherwise required by law. **THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE DISEASE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS).**

HEALTH CARE SERVICE PLAN OBLIGATION: This hospital maintains a list of health care service plans with which it has contracted. A list of such plans is available upon request from the finance office. The hospital has no contract, expressed or implied, with any plan that does not appear on the list. The undersigned agrees that he/she is individually obligated to pay the full cost of all service rendered to him/her by the hospital if he/she belongs to a plan which does not appear on the above mentioned list or if he/she does not comply with prior authorization requirements.

ASSIGNMENT OF INSURANCE BENEFITS: The patient, or his/her representative, authorizes any insurance benefits, payable on the patient's behalf, or otherwise payable to patient, to be paid directly to Norman Regional Hospital.

FINANCIAL RESPONSIBILITY: The patient, or his/her representative, understands that the patient is responsible for any amount due in consideration of services rendered at Norman Regional Hospital. Amounts estimated or known to be payable by the patient become due and payable at the time of service (including, but not limited to, health insurance deductible and coinsurance amounts).

MEDICARE: I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize release of any information needed to act on this request. I request payment of authorized benefits to be made in my behalf.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES: A complete description of how my medical information will be used and disclosed by NRH is in NRH's "Notice of Privacy Practices", which I should read before signing this agreement. A copy has been provided to me and is posted throughout NRH.

Panel and Profile Components

Anemia Profile 85025, 85044, 83540, 83550, 82607, 82746, 86880 CBC, Reticulocyte Count, Iron/IBC, B12/Folate, DAT, Ferritin	Urine Drug Screen Panel 80301 or G0479 Amphetamines, Cocaine, Opiates, PCP, THC @ 50ng/ml, Barbiturates, Benzodiazepines, TCA, Propoxyphene, Oxycodone	Liver (Hepatic) Function Panel 80076 Albumin, Alkaline Phosphatase, ALT/SGPT, AST/SGOT, Bilirubin (total & direct), Total Protein
Basic Metabolic Panel 80048 BUN, Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Anion Gap, B/C Ration	Electrolyte Panel 80051 Carbon Dioxide, Chloride, Potassium, Sodium, Anion Gap	Prenatal Panel CBC (85025), RPR (86592), ABO (86900), Rh (86901), Antibody Screen (86885), Rubella (86762), Hep Bs Ag (87340)
Cardiac Risk Profile 80061, 86141, 82947 Lipid Panel, hsCRP, Fasting Glucose	Hepatitis Panel, Acute 80074 Hep A Ab (IgM), Hep Bc Ab (IgM), Hep Bs Ag, Hep C Ab	Renal Function Panel 88069 Albumin, BUN, Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Phosphorus, Potassium, Sodium
Comprehensive Metabolic Panel 80053 Albumin, Alkaline Phosphatase, ALT/SGPT, AST/SGOT, BUN, Bilirubin (total), Calcium, Carbon Dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Total Protein, B/C Ratio, A/G Ratio	Lipid Panel 80061 Cholesterol (total), measured HDL, calculated LDL, Triglycerides	