



Preventive Health Now, LLC/Colorado State
LABCORP WELLNESS VERIFIED
7406 S. Pontiac Way
Centennial CO 80112
720-934-5588

Significant Clinical Information

_____ Fasting _____ Non-Fasting



7040.25

CUSTOMIZED
REQUEST

(EMBOSSING AREA)

Account No. **05006410**

Submit Separate Specimens (Not Request Forms) for each Frozen Test Requested.

Specimen Date Mo Day Yr		Specimen Time Hr Min		Patient Name (Last)			(First, MI)			Sex	Date of Birth Mo Day Yr			Age Yrs Mos			
Patient I.D. #				Physician I.D.				Patient/Resp. Party's Phone #				Responsible Party or Insured's Name (Last, First)				Patient's SS #	
I HEREBY AUTHORIZE THE RELEASE OF MEDICAL INFORMATION RELATED TO THE SERVICES DESCRIBED HEREIN AND AUTHORIZE PAYMENT DIRECTED TO LABCORP. I AGREE TO ASSUME RESPONSIBILITY FOR PAYMENT OF CHARGES FOR LABORATORY SERVICES THAT ARE NOT COVERED BY MY HEALTHCARE INSURER.				Address				City				State		Zip Code			
Patient's Signature				Date				Resp. Party's Employer				Medicaid Number/HMO #				Medicare #	
Physician Name				NPI #		UPIN #		Physician's Signature				Provider #					
Diagnosis Code (ICD-9)				Insurance Code or Company Name and Address				Insurance I.D. #				Workers Comp. Yes No					
Group # or Name				Relationship to Insured (Circle One) 1-Self 2-Spouse 3-Other		Urine Total 24hr. Vol. _____				Patient's Ht. _____ Wt. _____							

CHECK ONE:
03 [X] ACCOUNT BILL

CIRCLE ONE:
1598053613-BECKETT,M

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)

Use a separate ABN when ordering tests which require an ABN. Refer to the back of this form for more information.

- @ = Subject to Medicare medical necessity guidelines
- % = Subject to Medicare frequency guidelines
- # = Medicare deems investigational

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PSC #
	<input type="checkbox"/> 998074	<input type="checkbox"/> 998085	<input type="checkbox"/> 998239	<input type="checkbox"/> 998250	<input type="checkbox"/> 998261	<input type="checkbox"/> 998272	<input type="checkbox"/> 998283	

TRAVEL LOG ID		
PST HR#	DATE	LOG#

[X] 262204 Lipid Panel + Glucose

[X] 101300 Biometrics

GEL SPUN	USST UNSPUN	SER SERUM TRNSPT	FRZ FRZ TRNS	RED RED	LAV LAVENDER	SLD SLIDE	BLU LT. BLUE	GRY GREY	GRN GREEN	RYB RYL BLU	YEL ACD	PLS PLASMA	URN URINE	24U 24 HR URINE	TA-U TART. ACID	FL FLUID	OT OTHER	BACT BACT TRNSPT	O & P KIT	PROBE PROBE TRNSPT	URN CUL URN CUL TRNSPT	STERIL STERIL TRNSPT	FECAL FECAL TRNSPT	VIRAL VIRAL TRNSPT
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NOTE: WHEN ORDERING TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS AND COMMON TEST COMBINATIONS ARE SHOWN ON THE REVERSE SIDE, AND ANY COMPONENT MAY BE ORDERED INDIVIDUALLY. COMPONENTS MAY BE BILLED SEPARATELY PER CARRIER POLICY. THE INDIVIDUAL COMPONENTS OF ANY CUSTOMIZED PROFILES HAVE BEEN DISCLOSED TO YOU AND THEY MAY ALSO BE ORDERED INDIVIDUALLY.

1372240
RECOMMENDED BY

PLEASE PRINT

PLEASE PRINT

ORIGINAL-LABORATORY / COPY-LABORATORY / COPY-CLIENT

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