



17436-0 3936515-7

- My Account
 Insurance Provided
 Lab Card/Select
 Patient

REGISTRATION # (IF APPLICABLE) *Epstein Jeffrey*
 DATE OF BIRTH: M M D D YEAR
 SEX

ACCOUNT # UCA/HOSKOWITZ BRUCE MD
 NAME: *P GR/UNIV. CLINICAL
 1411 N FLAGLER DR STE 7100
 WEST PALM BEACH, FL 33401
 TELEPHONE # 561-5265 561-833-6116

DID YOU KNOW

Patient Service Center location and appointment scheduling information is on the back.

Each sample should be labeled with at least two patient identifiers at time of collection.

DATE COLLECTED: TIME AM PM TOTAL VOL/HR. Fasting Non Fasting
 ML HR

ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)
 () 1386702876 HOSKOWITZ, BRUCE M
 () 1376970395 MARTIN, ANANDA M

PHYS MEDIPASS AUTH # ()
 () CGA CIGNA () EMPIR EMPIRE UN
 () BCBS BLUECRO () OHNS OXFORD HE
 () AUSHC AETHA
 () UNIV UNITED HE
 () GOLDR GOLDEN RU

ADDIT'L PHYS.: Dr. NPI/UPIN

ON-PHYSICIAN PROVIDER: NAME L.D.#
 ()
 Fax Results to: ()
 Client # ()
 ADDRESS: ()
 CITY: STATE ZIP

CITY STATE ZIP
 RELATIONSHIP TO INSURED: SELF SPOUSE DEPENDENT
 PRIMARY INSURANCE CO. NAME
 MEMBER / INSURED ID NO. # GROUP #
 INSURANCE ADDRESS
 CITY STATE ZIP

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.

ICD Codes (enter all that apply)
One to be done

() 802966 CP 802966	() 367 CORTISOL, TOTAL	() 80124 HS CRP	() 859 T3, TOTAL
() 803644 CP 803644	() 375 CREATININE	() 549 IMMUNOFIXATION, SERUM	() 867 T4 (THYROXINE)
() 807978 CP 807978	() 4420 CRP	() 571 IRON, TOTAL	() 866 T4, FREE
() 80338742 CP 338742	() 10108 CULTURE, STOOL W/RFL	() 7573 IRON, TOTAL, AND IBC	() 873 TESTOSTERONE, MALE
() 223 ALBUMIN	() 8293 DIRECT LDL	() 593 LD	() 896 TRIGLYCERIDES
() 234 ALKALINE PHOSPHATASE	() 34392 ELECTROLYTE PANEL	() 7600 LIPID PANEL	() 899 TSH
() 823 ALT	() 4021 ESTRADIOL	() 8593 LYME DIS IGG/PH BLOT	() 294 UREA NITROGEN (DU)
() 5509 AMMONIA (P)	() 457 FERRITIN	() 34127 H.PNEUM. IGG AND IGH	() 905 URIC ACID
() 243 AMYLASE	() 470 FSH	() 659 H.PNEUM. AB (IGG)	() 6448 URINALYSIS MACRO
() 249 ANA IFA W/RFL IFA	() 483 GLUCOSE	() 21130 H.PNEUM. AB (IGH)	() 7909 URINALYSIS REFLEX
() 822 AST	() 498 HBSAG W/RFL CONF	() 622 MAGNESIUM	() 5463 URINALYSIS, COMPL
() 10165 BASIC MET PHL	() 35645 HCV RNA, QN PCR	() 636 MERCURY, BLOOD	() 17306 VIT D, 25-OH, TOTAL
() 852 BETA 2 MICROGLOBULIN	() 608 HDL CHOLESTEROL	() 18 PLT SODIUM CITRATE	() 927 VITAMIN D12
() 287 BILIRUBIN, TOTAL	() 509 HEMATOCRIT	() 733 POTASSIUM	SOURCE:
() 4698 CA 19-9	() 510 HEMOGLOBIN	() 8847 PRD TIME WITH INR	() 91664 C DIFF TOXIN W/RE
() 29256 CA125	() 496 HEMOGLOBIN A1C	() 747 PROTEIN ELECTROD.	() 4475 CAMPY CULTURE
() 303 CALCIUM	() 512 HEP A IGH	() 754 PROTEIN, TOTAL, (S)	() 394 CULTURE, THROAT
() 6399 CBC (DIFF/PLT)	() 4848 HEP B CORE IGH AB	() 5363 PSA, TOTAL	() 395 CULTURE, UR ROUTI
() 1759 CBC(H/H,RBC,NBC,PLT)	() 8472 HEP C AB W/REFL HCV	() 8837 PTH, INTACT + CAL.	() 11290 FECAL IMMUNOCHEN
() 978 CEA	() 10306 HEP PHL ACUTE W/REFL	() 763 PTT, ACTIVATED	() 11293 FECAL IMMUNOCHEN
() 334 CHOLESTEROL, TOTAL	() 10256 HEPATIC FUNCTION PHL	() 4418 RHEUMATOID FACTORS	() 681 OVA AND PARASITE
() 374 CK, TOTAL	() 91431 HIV1/2 AG/AB, 4 W/RFL	() 809 SED RATE BY MDD WEST	() 10019 SALM/SHIG, CULTUR
() 10231 COMP META PHL	() 31789 HOMOCYSTEINE	() 861 T3 UPTAKE	() 30264 SHIGA TOX, EIA W/

TOTAL TESTS: (MUST INCLUDE COMPLETE TEST NAME AND ORDER CODE.) Reflex tests are performed at an additional charge. * Additional charge for ID/Susceptibility studies.

PATIENTS, CLINICAL INFORMATION: TOTAL TESTS ORDERED
 Physician Signature (Required for PA, NY, NJ & WV) Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

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