



78300020-6 3233025-1

ACCOUNT #
NAME: BRUCE MOSKOWITZ, MD
NATIONWIDE ACCOUNT
1411 W FLAGLER DR STE 7100
ADDRESS: WEST PALM BEACH, FL 33401-3418
CITY, STATE: WEST PALM BEACH, FL 33401-3418
PHONE: 5645265

My Account
Insurance Provided
Lab Card/Select
Patient

REGISTRATION # (IF APPLICABLE)
DATE OF BIRTH: 01/20/1953
M M D D YEAR

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.
ICD Diagnosis Codes are Mandatory. Fill in the applicable fields below.

PATIENT EMAIL ADDRESS
PATIENT ID # / MRN

CELL PHONE
PATIENT PHONE

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT

PATIENT STREET ADDRESS (OR INSURED/RESPONSIBLE PARTY) APT. # KEY #

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

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

- () 1376970335 ACCETTURO, AMANDA
- (x) 1386702076 MOSKOWITZ, BRUCE W
- () 1477952133 HOUTCHENS, BRITTAH
- () CGR CIGNA
- () BCBS X+BLUECRO
- () AUSHC RETNA

ADDIT'L PHYS.: Dr. NPI/UPIN

PHYSICIAN PROVIDER: NAME

Fax Results to

Client # OR NAME:

ADDRESS:

CITY: STATE ZIP

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

ABN required for tests with these symbols

Medicare Limited Coverage Tests
F = 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.
Provide signed ABN when necessary

Visit QuestDiag for Medicare coverage guidelines

ICD Codes (enter all that apply)

E88.52

PANEL COMPONENTS ON BACK

ORGAN / DISEASE PANELS

- 34392 Electrolyte Panel S
- 10256 Hepatic Function Panel S
- 10165 Basic Metabolic Panel S
- 10231 Comp Metabolic Panel S
- B7600 Lipid Panel (Fasting) S
- 14852 Lipid Panel w/Reflex D-LDL S
- 20210 Obstetric Panel w/Reflex Y,L,S
- 10306 Hepatitis Panel, Acute w/Reflex S
- 10314 Renal Functional Panel S

HEMATOLOGY

- 510 Hemoglobin L
- 509 Hematocrit L
- 1759 CBC (Hgb, Hct, RBC, WBC, Plt) L
- 6399 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
- B8847 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 Screen, IFA, with Reflex to Titer and Pattern 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
- 11173 CCP Ab IgG S
- 8978 CEA S
- B334 Cholesterol, Total S
- 374 CK, Total S
- 375 Creatinine S
- 402 DHEA Sulfate, Immunoassay S
- B8293 LDL Cholesterol, Direct S
- 4021 Estradiol S
- 457 Ferritin S
- 466 Folic Acid S
- 470 FSH S
- B482 GGT S
- 8477 Glucose, Gestational Screen (50g), 135 cutoff GY
- 19833 Glucose, Gestational Screen (50g), 140 cutoff GY
- B484 Glucose, Plasma GY
- B483 Glucose, Serum S
- 8435 hCG, Serum, Qual S
- B8396 hCG, Serum, Quant S
- B496 Hemoglobin A1c L
- B16802 Hemoglobin A1c w/AG L
- 499 Hep B Surface Ab Qual S
- 498 Hep B Surface Ag w/Reflex Confirm S
- 8472 Hep C Antibody w/Reflex to Quant S
- B91431 HIV-1/2 AG/AB, 4th w/Reflex S
- 31789 Homocysteine S
- 10124 hs CRP S
- 561 Insulin S
- 549 Immunofixation (IFE) S
- 7573 Iron, TIBC, % Sat S

- 571 Iron S
- 593 LDH S
- 599 Lead, Blood TN
- 615 LH S
- 606 Lipase S
- 6646 Lyme Disease Ab w/Reflex to Blot (IgG, IgM) S
- 622 Magnesium S
- 6517 Microalbumin, Random Urine w/Creat S

Fecal Globin, Feces - FIT, InSureSM
11290 Diagnostic
F 11293 Medicare Screen

- 718 Phosphorus S
- 733 Potassium S
- 745 Progesterone S
- 746 Prolactin S
- B5363 PSA, Total S
- 793 Reticulocyte Count, Automated L
- 4418 Rheumatoid Factor S
- 799 RPR (Monitoring) w/Reflex Titer S
- B36126 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
- B896 Triglycerides S
- B899 TSH S
- B36127 TSH w/Reflex T4, Free S
- 34429 T3, Free S
- 859 T3, Total S
- B861 T3 Uptake S
- B867 T4 (Thyroxine), Total S
- B866 T4 (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)
- 7065 Vitamin B12/Folic Acid
- 927 Vitamin B12
- B17306 Vitamin D, 25-Hydroxy, Total, Immunoassay
- B91935 Vitamin D (QuestAssureDSM for Infants) 25-Hydroxy Vitamin D, LC/MS/MS (<3 yrs)

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. Inwelling C

Amplified Specimen Type (Aptima)

- Endocervical Urethral Urine
- 11363 Chlamydia & N. gonorrhoeae RNA, TM

Stool Pathogens (Salm/Shig/Campy, H. pylori Ag, EIA Stool)

- 10108 Culture, Stool, Shiga toxins w/Reflex
- 34838 H. pylori Ag, EIA Stool
- 14839 H. pylori Urea Breath Test
- 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.

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() 307978 CP 307978
() 608 HDL CHOLESTEROL
1635-Calcium 24 hr. urine
w/creatinine

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.

REGCTPLAD
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