

800-959-2846 | Fax: 949-418-7287

CLIENT INFORMATION

PLEASE CHECK REQUESTING PHYSICIAN

CHECK ONE: ☐ TC ONLY ☐ GLOBAL ☐ CONSULTATION

PATIENT INFORMATION (Green highlighted sections are required information)

Please attach patient face sheet and front and back of primary and secondary insurance card:

☐ See Attached

Name (Last, First): _____
Date of Birth: ____/____/____ Sex: M F SS# _____
Address: _____
City: _____ State: ____ Zip: _____
Home Phone #: _____ Work Phone #: _____
Medical Record #: _____

BILLING INFORMATION

Primary: ☐ Medicare ☐ Medicaid ☐ Insurance ☐ Patient ☐ Client
Insurance: _____ Policy #: _____ Group #: _____
Ins. Address: _____ City: _____ State: ____ Zip: _____
Policy Holder: ☐ Self ☐ Spouse ☐ Child ☐ Other

CLINICAL INFORMATION

COLLECTION DATE: ____/____/____

Clinical History: _____

I hereby authorize the release to EmeritusDX of any medical and insurance information necessary to process claims for services provided by EmeritusDX. I hereby authorize EmeritusDX to pursue all necessary appeals of full or partial denials of payment in relation to services provided by EmeritusDX.

Patient Signature: _____

ICD-10 Code(s):

CYTOLOGY

- ☐ **FNA**
source _____
- ☐ **Other**
source _____

MOLECULAR TESTING

- ☐ **Comprehensive Respiratory Pathogen Detection Test (21 tests)**
Adenovirus, Coronavirus 229E, Coronavirus HKU1, Coronavirus NL63, Coronavirus OC43, Parainfluenza Virus 1, Parainfluenza Virus 2, Parainfluenza Virus 3, Parainfluenza Virus 4, Respiratory Syncytial Virus, Influenza A, Influenza A/H1N1-2009, Influenza A/H3N2, Influenza B, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Bordetella parapertussis, Bordetella pertussis, Chlamydia pneumoniae, Mycoplasma pneumoniae
- ☐ **Oral CT/NG (Chlamydia, Gonorrhea)**

SIDE	SPECIMEN TYPE				OTHER SOURCE
A <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input type="checkbox"/> NA	<input type="checkbox"/> NASAL SEPTUM <input type="checkbox"/> FRONTAL <input type="checkbox"/> TONSIL	<input type="checkbox"/> MAXILLARY <input type="checkbox"/> SPHENOID <input type="checkbox"/> UVULA	<input type="checkbox"/> ETHMOID <input type="checkbox"/> SINUS CONTENTS <input type="checkbox"/> OTHER	<input type="checkbox"/> TURBINATES <input type="checkbox"/> CONCHA BULLOSA	
B <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input type="checkbox"/> NA	<input type="checkbox"/> NASAL SEPTUM <input type="checkbox"/> FRONTAL <input type="checkbox"/> TONSIL	<input type="checkbox"/> MAXILLARY <input type="checkbox"/> SPHENOID <input type="checkbox"/> UVULA	<input type="checkbox"/> ETHMOID <input type="checkbox"/> SINUS CONTENTS <input type="checkbox"/> OTHER	<input type="checkbox"/> TURBINATES <input type="checkbox"/> CONCHA BULLOSA	
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G <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT <input type="checkbox"/> BILATERAL <input type="checkbox"/> NA	<input type="checkbox"/> NASAL SEPTUM <input type="checkbox"/> FRONTAL <input type="checkbox"/> TONSIL	<input type="checkbox"/> MAXILLARY <input type="checkbox"/> SPHENOID <input type="checkbox"/> UVULA	<input type="checkbox"/> ETHMOID <input type="checkbox"/> SINUS CONTENTS <input type="checkbox"/> OTHER	<input type="checkbox"/> TURBINATES <input type="checkbox"/> CONCHA BULLOSA	

SPECIAL REQUESTS:

By submission of this requisition and accompanying sample(s), I authorize and direct you to perform the testing indicated above, (I) certify that the ordered tests are reasonable and medically necessary by the diagnosis or treatment of this patient's condition. (I) certify that, to the extent required by the laws of the state in which I provide healthcare services, I have obtained this patient's informed consent to undergo any testing requested hereby, and to have the results reported to me and (I) agree to provide you a copy of this persons signed and dated consent form per your request.

Physician/Authorized Signature _____ Date ____/____/____

Signature required on this order or in the patient's medical record

Please Discard Extra Labels

1-Complete all required information on requisition. 2-Use appropriate number of labels provided. 3-Place 1 label on each specimen container (not on lid).

NAME: _____ NAME: _____ NAME: _____ NAME: _____

DOB: _____ DOB: _____ DOB: _____ DOB: _____

LOCATION: _____ LOCATION: _____ LOCATION: _____ LOCATION: _____

ENT ICD-10 CODES

ICD-10 CODE	DIAGNOSIS DESCRIPTION	ICD-10 CODE	DIAGNOSIS DESCRIPTION
Ear		Nose	
H66.3x1	Other chronic suppurative otitis media, right ear	G47.33	Obstructive sleep apnea (adult)(pediatric)
H66.3x2	Other chronic suppurative otitis media, left ear	J34.2	Deviated nasal septum
H66.3x3	Other chronic suppurative otitis media, bilateral	J32.9	Chronic sinusitis, unspecified
H65.21	Chronic serous otitis media, right ear	J32.0	Chronic maxillary sinusitis
H65.22	Chronic serous otitis media, left ear	J32.1	Chronic frontal sinusitis
H65.23	Chronic serous otitis media, bilateral	J32.2	Chronic ethmoidal sinusitis
H65.05	Acute serous otitis media, recurrent, left ear	J32.3	Chronic sphenoidal sinusitis
H65.06	Acute serous otitis media, recurrent, bilateral	J32.4	Chronic pansinusitis
H65.31	Chronic mucoid otitis media, right ear	J32.8	Other chronic sinusitis
H65.32	Chronic mucoid otitis media, left ear	R04.0	Epistaxis
H65.33	Chronic mucoid otitis media, bilateral	J33.8	Other polyp of sinus
H65.411	Chronic allergic otitis media, right ear	J34.3	Hypertrophy of nasal turbinates
H65.412	Chronic allergic otitis media, left ear		
H65.491	Other chronic nonsuppurative otitis media, right ear		
H65.492	Other chronic nonsuppurative otitis media, left ear		
H65.493	Other chronic nonsuppurative otitis media, bilateral		
H65.499	Other chronic nonsuppurative otitis media, unspecified ear		
H65.91	Unspecified nonsuppurative otitis media, right ear	J36	Throateritonsillar abscess
H65.92	Unspecified nonsuppurative otitis media, left ear	J35.2	Hypertrophy of adenoids
H65.93	Unspecified nonsuppurative otitis media, bilateral	J35.01	Chronic Tonsillitis
H66.001	Acute suppurative otitis media without spontaneous rupture of ear drum, right ear	J35.1	Hypertrophy of tonsils
H66.002	Acute suppurative otitis media without spontaneous rupture of ear drum, left ear		
H66.003	Acute suppurative otitis media without spontaneous rupture of ear drum, bilateral		
H66.004	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, right ear	D49.1	Neoplasm of unspecified behavior of respiratory system
H66.005	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, left ear	C32.9	Malignant neoplasm of larynx, unspecified
H66.006	Acute suppurative otitis media without spontaneous rupture of ear drum, recurrent, bilateral	C32.0	Malignant neoplasm of glottis
H66.011	Acute suppurative otitis media with spontaneous rupture of ear drum, right ear	C32.1	Malignant neoplasm of supraglottis
H66.012	Acute suppurative otitis media with spontaneous rupture of ear drum, left ear	C32.2	Malignant neoplasm of subglottis
H66.013	Acute suppurative otitis media with spontaneous rupture of ear drum, bilateral	C32.3	Malignant neoplasm of laryngeal cartilage
H66.014	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, right ear	C32.8	Malignant neoplasm of overlapping sites of larynx
H66.015	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, left ear	D49.0	Neoplasm of unspecified behavior of digestive system
H66.016	Acute suppurative otitis media with spontaneous rupture of ear drum, recurrent, bilateral	D37.01	Neoplasm of uncertain behavior of lip
J35.02	Chronic adenoiditis	D37.02	Neoplasm of uncertain behavior of tongue
H65.30	Chronic mucoid otitis media, unspecified ear	D37.05	Neoplasm of uncertain behavior of pharynx
H65.31	Chronic mucoid otitis media, right ear	R22.0	Localized swelling, mass and lump, head
H65.32	Chronic mucoid otitis media, left ear	R22.1	Localized swelling, mass and lump, neck
H65.33	Chronic mucoid otitis media, bilateral	L72.1	Trichodermal cyst
H71.01	Cholesteatoma of attic, right ear	L72.3	Sebaceous cyst
H71.02	Cholesteatoma of attic, left ear		
H71.03	Cholesteatoma of attic, bilateral		
H71.11	Cholesteatoma of tympanum, right ear	D11.0	Benign neoplasm of parotid gland
H71.12	Cholesteatoma of tympanum, left ear	D11.9	Benign neoplasm of major salivary gland, unspecified
H71.13	Cholesteatoma of tympanum, bilateral	D11.7	Benign neoplasm of other major salivary glands
H71.21	Cholesteatoma of mastoid, right ear	D37.04	Neoplasm of uncertain behavior of minor salivary glands
H71.22	Cholesteatoma of mastoid, left ear	K11.20	Sialoadenitis, unspecified
H71.23	Cholesteatoma of mastoid, bilateral	K11.21	Acute sialoadenitis
H60.41	Cholesteatoma of right external ear	K11.22	Acute recurrent sialoadenitis
H60.42	Cholesteatoma of left external ear	K11.23	Chronic sialoadenitis