

NORTHSHORE CLINICAL LABORATORY

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FAX: 630-596-1404

Down Load our Physician Requisition form @ (www.northshorelab.com) E-Mail us @(northshorelabs@gmail.com)

Physician Requisition Form

PATIENT: Last,First	D.O.B.	GENDER	PATIENT PHONE NUMBER:
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
ADDRESS: <input style="width:100%;" type="text"/>			
City: <input style="width:200px;" type="text"/>	State: <input style="width:100px;" type="text"/>	Zip Code: <input style="width:100px;" type="text"/>	
MEDICARE # :	<input style="width:100%;" type="text"/>		
SECONDARY Insurance:	<input style="width:100%;" type="text"/>		
Diagnosis:	<input style="width:100%;" type="text"/>		
Physician:	<input style="width:100%;" type="text"/>	N.P.I. #	<input style="width:100%;" type="text"/>
PHONE #	<input style="width:100%;" type="text"/>	FAX #	<input style="width:100%;" type="text"/>
<input type="checkbox"/> ProTime PT/INR	<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> Uric Acid	
<input type="checkbox"/> (BMP) Basic Metabolic Panel	<input type="checkbox"/> HbA1c	<input type="checkbox"/> UA/ Urinalysis	
<input type="checkbox"/> (CBC)/With Differential	<input type="checkbox"/> Vitamin D	<input type="checkbox"/> Urine Culture & Sensitivity	
<input type="checkbox"/> (CMP) Complete Metabolic Panel	<input type="checkbox"/> ESR (Sed Rate)	<input type="checkbox"/> BNP	
<input type="checkbox"/> Other Tests:	<input style="width:100%;" type="text"/>		
Notes:	<input style="width:100%; height:40px;" type="text"/>		
Draw date: >	<input style="width:100px;" type="text"/>	<input style="width:100%;" type="text"/>	
	Signature	Date	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
HEALTH AGENCY	PHONE NUMBER	FAX NUMBER	

This Patient is (Home Bound) per (C.M.S. Current guidelines) by Physician listed above. When ordering tests for patients under Medicare, Physicians or authorized individuals should only order test that are medically necessary for the diagnosis and treatment of a patient. "Important: This facsimile transmission contains confidential information, some or all of which may be protected health information as defined by the federal Health Insurance Portability & Accountability Act (HIPAA) Privacy Rule. This transmission is intended for the exclusive use of the individual or entity to whom it is addressed and may contain information that is propriety, privileged, confidential and/or except from disclosure under applicable law. If you are not the intended recipient (or an employee or agent responsible for delivering this facsimile transmission to the intended recipient), you are hereby notified that any disclosure, dissemination, distribution or copying of this information is strictly prohibited and may be subject to legal restriction or sanction. Please notify the sender by telephone (number listed above) to arrange the return or destruction of the information and all copies."