



Excellent service is our way of life
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PROFESSIONAL
 Diagnostic Services

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DATE OF SERVICE	TIME	FASTING <input type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	ACCOUNT:	
LASTNAME		FIRSTNAME			
ADDRESS: STREET		CITY/STATE	ZIP		
AGE:	SEX	DATE OF BIRTH	COLLECTED BY	REFERRING PHYSICIAN	NPI

MEDICARE ID:	ICD 10 / DIAGNOSIS
OTHER INSURANCE:	

LABORATORY **MEDICAL IMAGING**

PROFILE	
<input type="checkbox"/> GENERAL HEALTH PROFILE: T, L, U <small>CMP, CBC W/DIFF, ESR, URIC ACID, THYROID PANEL, LIPID, FERRITIN IRON, TIBC, MAGNESIUM, HEPATITIS, URINALYSIS, VITAMIN D, HGBA1C</small>	<input type="checkbox"/> LIVER/URIC <small>CMP, CBC W/DIFF, SED RATE, AMYLASE, LIPASE IRON, TIBC, T3U, TOTAL T4, TSH, FERRITIN, HEP PANEL, CGT, LDH, LIPID PANEL, URINALYSIS</small>
<input type="checkbox"/> HEPATITIS PROFILE: <small>ANTI-HBC (HEP B CORE AB), HAV ANTIBODY (HEP A AB), HCV (HEP C AB, Hbc IgM, HAV IgMBS AB, HBSAG(SURFACE ANTI), VITAMIN D, HGBA1C</small>	<input type="checkbox"/> KIDNEY <small>CMP, CBC W/DIFF, T3U, TOTAL T4, TSH, FERRITIN, MGNESIUM, PTH, VIT D25, LIPID PANEL, URINALYSIS, ESR, CRP CORTISOL, PHOSPHOROUS, PROFILE MICROALBIN</small>
<input type="checkbox"/> ABNOMINAL DISEASE PROFILE: T, L, U <small>CMP, CBC W/DIFF, ESR, H-PYLORI, TSH, AMYLASE, LIPASE, HEPA, MAGNESIUM, SGOT, SGPT, GGT, LIPID PANEL, URINALYSIS</small>	<input type="checkbox"/> ATHRITIS PROFILE, T, L, U <small>CMP, CBC W/DIFF, URIC ACID LIPID, ESR RATE, RA, ASO SCR, CRP, ANA SCR URINALYSIS, CPK</small>
<input type="checkbox"/> CARDIAC MARKERS <small>CK, CKMB, TROPONIN, BNP, MYOGLOBIN, PROFILE MICROALBIN</small>	<input type="checkbox"/> DIABETES PROFILE, T, L, U <small>CMP, CBC, LIPID, HGBA1C, MICROALBUMIN, T3U, TOTAL T4, TSH, CORTISOL, URINAL</small>
<input type="checkbox"/> ANEMIA PROFILE: T, L, U <small>CMP, CBC W/DIFF, T3U, TOTAL T4, RETIC, FERRITIN, IRON, TIBC, URINALYSIS, VIT B12, FOLIC ACIDE, VIT D25</small>	<input type="checkbox"/> PRE-NATAL PROFILE, T, L, U, GP <small>QUANT, LIPID, BLOOD GROUP TYPE, T3U, TOTAL T4, TSH, RUBELA SCR RPR, HIV, CLAMYDIA & GC, HEP PANEL, FERRITIN, IRON, TIBC, ALBUMIN, U/A <small>CMP, CBC W/DIFF, HCG</small></small>
<input type="checkbox"/> HYPERTENSION: T, L, U <small>TOTAL T4, TSH, IRON, CORTISOL, LIPID PROFILE, URINALYSIS, HGBA1C, CRPHSS, MAG CKCMP, CBC W/DIFF, SED RATE, T3U,</small>	<input type="checkbox"/> STD PROFILE <small>Hbs Ag, HIV, HSV1, HSV2, RPR, GC / CHLAMYSDIA</small>

CARDIOVASCULAR	ULTRASOUND
<input type="checkbox"/> 2D MODE ECHO <input type="checkbox"/> CAROTID DOPPLER <input type="checkbox"/> ARTERIAL DOPPLER <input type="checkbox"/> UPPER OR LOWER (rt, lt, both) <input type="checkbox"/> VENOUS DOPPLER <input type="checkbox"/> UPPER OR LOWER (rt, lt, both) <input type="checkbox"/> EKG <input type="checkbox"/> AORTA DOPPLER STUDY <input type="checkbox"/> ANKLE BRACHIA INDEX (ABI) <input type="checkbox"/> RENAL DUPLEX <input type="checkbox"/> STRESS TEST ONLY <input type="checkbox"/> STRESS TEST WITH 2D ECHO	<input type="checkbox"/> ABDOMINAL COMPLETE <input type="checkbox"/> RENAL (KIDNEY) COMPLETE <input type="checkbox"/> PELVIC NON-OB COMPLETE <input type="checkbox"/> OB COMPLETE <input type="checkbox"/> SCROTUM <input type="checkbox"/> THYROID <input type="checkbox"/> LIVER <input type="checkbox"/> OB/GYN COMPLETE <input type="checkbox"/> AORTA SCAN <input type="checkbox"/> PROSTATE <input type="checkbox"/> BREAST <input type="checkbox"/> OTHER

PANELS	MICROBIOLOGY	THERAPEUTIC DRUGS
<input type="checkbox"/> BASIC METABOLIC PANEL T <input type="checkbox"/> COMPLETE MET PANEL T <input type="checkbox"/> ELECTROLYTE PANEL T <input type="checkbox"/> HEPATIC PANEL T <input type="checkbox"/> LIPID PANEL T <input type="checkbox"/> RENAL PANEL T <input type="checkbox"/> THYROID PANEL T <input type="checkbox"/> IRON PANEL T	<input type="checkbox"/> BLOOD CULTURE <input type="checkbox"/> C DIFF <input type="checkbox"/> C & S, URINE <input type="checkbox"/> CULTURE, STOOL <input type="checkbox"/> CULTURE, WOUND <input type="checkbox"/> CULTURE, SPUTUM <input type="checkbox"/> CULTURE, THROAT <input type="checkbox"/> CULTURE, Gr A STREP <input type="checkbox"/> CULTURE, GENITAL <input type="checkbox"/> CULTURE, Gr B STREP <input type="checkbox"/> CULTURE, MRSA <input type="checkbox"/> FECAL WBC <input type="checkbox"/> GC/CHLAMYDIA <input type="checkbox"/> OVA & PARASITES <input type="checkbox"/> OCCULT BLOOD, STOOL	<input type="checkbox"/> DIGOXIN R <input type="checkbox"/> PHENYTOIN R <input type="checkbox"/> VANCOMYCIN R <input type="checkbox"/> VALPROIC ACID R (DEPAKOTE) <hr/> <input type="checkbox"/> UTI PANEL <input type="checkbox"/> WOUND PANEL <input type="checkbox"/> NAIL PANEL

HEMATOLOGY
<input type="checkbox"/> CBC W DIFF L <input type="checkbox"/> CBC W/O DIFF L <input type="checkbox"/> RETICULOCYTE COUNT L <input type="checkbox"/> ESR L <input type="checkbox"/> HEMOGLOBIN/HEMATOCRITL <input type="checkbox"/> PTT ACTIVATED B <input type="checkbox"/> PT W/INR B

INDIVIDUAL TESTS (ALPHABETICAL)	
<input type="checkbox"/> AMYLASE T <input type="checkbox"/> ANA T <input type="checkbox"/> CARBAMAZEPINE R <input type="checkbox"/> CPK T <input type="checkbox"/> CREATININE T <input type="checkbox"/> CRP CARDIAC SENSITIVE T <input type="checkbox"/> CRP (INFLAMOTORY) T <input type="checkbox"/> D DIMER B <input type="checkbox"/> FERRITIN T <input type="checkbox"/> GGTP T <input type="checkbox"/> GLUCOSE T <input type="checkbox"/> HgB A1C L <input type="checkbox"/> HCG, SERUM/URINE U / T <input type="checkbox"/> HEPATITIS A, IgM T <input type="checkbox"/> HEPATITIS BS AB T <input type="checkbox"/> HEPATITIS BS AG T	<input type="checkbox"/> HEPATITIS C AB T <input type="checkbox"/> HIV 1/ HIV 2 T <input type="checkbox"/> H PYLORI IG AB T <input type="checkbox"/> IRON T <input type="checkbox"/> LDH T <input type="checkbox"/> LIPASE T <input type="checkbox"/> MAGNESIUM T <input type="checkbox"/> PHOSPHOROUS T <input type="checkbox"/> POTASIUM T <input type="checkbox"/> PSA T <input type="checkbox"/> RHEUMATOID FACTOR T <input type="checkbox"/> RPR T <input type="checkbox"/> URIC ACID T <input type="checkbox"/> URINALYSIS U <input type="checkbox"/> URINALYSIS W/ REFLEX C/S U <input type="checkbox"/> VITAMIN D25 T

X-RAY	
<input type="checkbox"/> CHEST <input type="checkbox"/> SKULL <input type="checkbox"/> FEMUR <input type="checkbox"/> PELVIS <input type="checkbox"/> ABD-KUB <input type="checkbox"/> SKELETAL SYSTEM <input type="checkbox"/> SHOULDER L R <input type="checkbox"/> ARM L R <input type="checkbox"/> HAND L R <input type="checkbox"/> HIP L R <input type="checkbox"/> LEG U L L R <input type="checkbox"/> KNEE L R <input type="checkbox"/> FOOT L R <input type="checkbox"/> COCCYX <input type="checkbox"/> MASTOIDS <input type="checkbox"/> SCAPULA <input type="checkbox"/> NECK <input type="checkbox"/> ORBITS	<input type="checkbox"/> ANKLE <input type="checkbox"/> TIBIA FIBULA <input type="checkbox"/> TOES <input type="checkbox"/> NASAL BONES <input type="checkbox"/> RIBS <input type="checkbox"/> WRIST <input type="checkbox"/> CLAVICAL <input type="checkbox"/> MANDIBLE <input type="checkbox"/> FACIAL BONES <input type="checkbox"/> HUMERUS <input type="checkbox"/> STERNUM <input type="checkbox"/> C SPINE <input type="checkbox"/> T SPINE <input type="checkbox"/> L SPINE <input type="checkbox"/> SACRUM <input type="checkbox"/> FINGER <input type="checkbox"/> ELBOW

Note/Instruction:

MEDICARE ADVANCE BENEFICIARY NOTICE (ABN)	ADDITIONAL TESTS	DOCTOR OR RN SIGNATURE
<p>I authorized the release of medical information necessary to process this claim and request payment of benefits to the party who accepts assignment. I permit the copy of this authorization to be used in place of the original. I understand that medicare is likely to deny payment for certain procedures.</p> <p>I agree to personally responsible for payment of laboratory service if Medicare does not provide payment</p> <p>Patient's Signature : _____</p>		<p>_____ SIGNATURE</p>

KEY: S- SERUM B- BLUE L-LAVENDER R-RED Y-YELLOW U-URINE G-GRAY R-PLAIN RED T-TIGER TOP