



Keith Duncan, M.D.
Medical Director

PATIENT LABEL

EMPLOYEE HEALTH SERVICES LAB REQUISITION

Requested by:

MPMC Employee Health Services

Routine **STAT**

Bill to:

Employee Health Services
1501 Trousdale Drive

Corporate Account:

PCPN Employee Health for PH
PCML Employee Health for MH

Ordering MD - Employee Health MPHS

| | | | |
|-----------------------------|-------|---------------|-----------|
| Patient name (Last, First): | | Birth date: | Sex: |
| Patient address: | | City/State: | Zip Code: |
| Patient telephone number: | | | |
| Emergency Contact: | Name: | Address: | Phone: |
| | | Relationship: | |

DIAGNOSIS CODE(S): Provide code(s) for confirmed diagnosis or, if suspected/possible, provide code(s) for signs & symptoms. Provide narrative diagnoses if code(s) not known. **Employee Health**

| Test | Code |
|--|--------|
| <input checked="" type="checkbox"/> Quantiferon Gold Plus | TBSCP |
| <input type="checkbox"/> Rubella Igg | RUBG |
| <input type="checkbox"/> Rubeola Igg | RBEG2 |
| <input type="checkbox"/> Mumps Igg | MUMPG2 |
| <input type="checkbox"/> Varicella Igg | VZVG2 |
| <input type="checkbox"/> Hepatitis B Surface Ag | HBSAG |
| <input type="checkbox"/> Hepatitis B Core Ab | HBC |
| <input type="checkbox"/> Hepatitis B Surface Ab | HBSAB |
| <input type="checkbox"/> HIV (Consent form Required)* | HIV4G |
| <input type="checkbox"/> Hepatitis C Ab | HCAB |
| <input type="checkbox"/> CBC | CBCA |
| <input type="checkbox"/> CMPG (CHEM 12) | CMPG |
| <input type="checkbox"/> Chem 7 BMP | BMPG |
| <input type="checkbox"/> ESR | ESR |
| <input type="checkbox"/> UA | UMAC |
| <input type="checkbox"/> Glycohemoglobin | GLYCO |
| <input type="checkbox"/> Rheumatoid Factor | RAQ |
| <input type="checkbox"/> CPK | CK |
| <input type="checkbox"/> Vitamin D | VITD |
| <input type="checkbox"/> TSH | TSH |
| <input type="checkbox"/> LFT | LIVR |

