



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 – Dr. Richard Deslauriers

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

