



Aspen Valley Health Laboratory Scheduling/Client Form

PATIENT NAME: _____ DOB: _____ SEX: M / F

HOME PHONE: _____ CELL PHONE: _____

INSURANCE: _____

NAME OF PHYSICIAN: _____ Physician Signature: _____ (REQUIRED)

Other Physician to receive copy of results: _____ Bill Client _____ Bill Insurance: _____

****Labs to be drawn at Mid Valley: Y / N**

****Please include a phone number and fax number for critical result(s): (P): _____ (F): _____**

Office Phone Number: _____		ORDER DATE: _____/TIME: _____	
Locations: AVP A/B _____ AMC A/B _____ IMA _____ Mass/Kadison _____ Borchers _____		Comm. Health _____ Check _____ Locke Family _____ Other _____	

<p>____ ABO/Rh</p> <p>____ ANA</p> <p>____ ANA (Comprehensive)</p> <p>____ Alcohol</p> <p>____ Amylase</p> <p>____ Albumin (serum/plasma)</p> <p>____ ACTH</p> <p>____ Bilirubin Total ___ Direct ___</p> <p> Indirect ___ Neonatal ___</p> <p>____ BNP (Dr. Office, plasma frozen!)</p> <p>____ BUN</p> <p>____ B12 _____ B12/Folic Acid</p> <p>____ CA 125</p> <p>____ Valporic Acid / Depakote</p> <p> Last dosage @ _____ Amt _____</p> <p>____ C-peptide</p> <p>____ Calcium (total) _____ Ionized, Calcium</p> <p>____ CBC w auto _____ CBC w Manual</p> <p>____ CPK, Total</p> <p>____ Creatinine</p> <p>____ Cholesterol</p> <p>____ CRP Inflammation _____ Cardiac _____</p> <p>____ Cortisol</p> <p>____ D-Dimer STAT!</p> <p>____ Digoxin</p> <p> Last dosage @ _____ Amt _____</p> <p>____ Dilantin</p> <p> Last dosage @ _____ Amt _____</p> <p>____ Electrolytes</p> <p>____ Estradiol</p> <p>____ Ferritin</p> <p>____ FSH</p> <p>____ Folic Acid</p> <p>____ GGT</p> <p>____ Glucose, Gestational</p> <p>____ Glucose, Fasting Y _____ N _____</p> <p>____ Glucose Tolerance Test 3 hr</p> <p>____ Glucose, 2 hr Post eating</p> <p>____ HIV (consent signed in office Y / N)</p> <p>____ Homocysteine</p> <p>____ Herpes by PCR</p> <p>____ HGBA1c</p> <p>____ HCG, Beta Quantitative</p> <p>____ Hep C, Virus</p> <p>____ Hep Bs AB _____ Hep Bs AG</p> <p>____ H. Pylori Igm, Igg (serum)</p> <p>____ Hematocrit _____ Hemoglobin</p>	<p>____ Heavy Metal (ryl blue/ EDTA)</p> <p>____ Iron TIBC _____</p> <p>____ Lipase</p> <p>____ Lipid + LDL direct _____</p> <p>____ LDH</p> <p>____ LH</p> <p>____ LipoProtein (a)</p> <p>____ Lithium</p> <p>____ Mg</p> <p>____ Mercury, whole blood</p> <p> (Ryl blue, EDTA)</p> <p>____ Methylmalonic Acid (serum)</p> <p>____ Malaria Test (wh bld) (EDTA)</p> <p>____ Pregnancy Test, Qualitative</p> <p> Serum ___ Urine ___</p> <p>____ PSA, (___ Scrn ___ Diagn)</p> <p>____ PSA , Free & Total</p> <p>____ Progesterone</p> <p>____ Prolactin</p> <p>____ K+ (potassium)</p> <p>____ PT / INR Coumadin/Heparin</p> <p>____ PTT</p> <p>____ Phosphorus</p> <p>____ Protein Electrophoresis (serum)</p> <p>____ PIH panel</p> <p> (CBC, Chem13,Uric Acid)</p> <p>____ RA Factor</p> <p>____ Rheumatoid Factor, Quant</p> <p>____ Retic Count</p> <p>____ RPR (Syphilis)</p> <p>____ Sed Rate</p> <p>____ Triglycerides</p> <p>____ Type/Screen</p> <p>____ Testosterone (total)</p> <p>____ Testo (Free and Total)</p> <p>____ TSH</p> <p>____ Thyroid Antibodies</p> <p> (TPO _____, Globulin _____)</p> <p>____ Free, T4 _____ T4 (total)</p> <p>____ Free, T3 _____ T3 (total)</p> <p>____ T3, uptake</p> <p>____ Troponin I STAT!</p> <p>____ Uric Acid</p> <p>____ Vit D (D2/D3) (Mayo)</p> <p>____ Vit D (total)</p> <p>____ Vit D I, 25</p>	<p align="center">CULTURES</p> <p>____ Strep A f/u culture</p> <p>____ Throat culture</p> <p>____ Wound Culture:</p> <p> Antibiotic Y N</p> <p> Anaerobic/Aerobic Culture</p> <p> Antibiotic Y N</p> <p>____ MRSA by PCR scrn</p> <p align="center">Source of Culture:</p> <div style="border: 1px solid black; height: 15px; width: 100%;"></div> <p align="center">Serology:</p> <p>____ Strep B by PCR</p> <p>____ B Pertussis</p> <p>____ RSV swab / nasal wash</p> <p>____ Flu</p> <p>____ Mono</p> <p>____ Sickle Cell Screen</p> <p align="center">Panels:</p> <p>____ Chem13 (CMP)</p> <p>____ Chem7 (BMP) (Renal)</p> <p>____ Liver</p> <p>____ Health Panel</p> <p> (CBC, Chem13, TSH)</p> <p>____ Thyroid Panel</p> <p> (T3U, T4, FTI)</p> <p>____ Hepatitis, Acute (A,B,C)</p> <p>____ OB Panel</p> <p>____ Arthritis Panel</p> <p> (RA, ESR, CRP-I, Uric Acid, ANA)</p> <p>____ DIC work up</p> <p>____ Maternal Quad Screen</p> <p align="center">Other lab test: (Print)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>____ COVID-19 Diagnostic</p> <p>----- COVID-19 Antibody</p> <p>_____</p> <p>_____</p> <p align="center">**Bold Italics test are sent to Mayo</p>	<p align="center">URINE TEST:</p> <p>____ UA CCMS Cath Peds</p> <p>____ Urine Culture & Sensitivity</p> <p>____ Microalbumin, Urine</p> <p>____ GC/Chlam by PCR (AVH)</p> <p>____ Urine Drug, Medical use / non-legal</p> <p align="center">STOOL TEST:</p> <p>____ C. Diff STAT!</p> <p>____ WBC stool</p> <p>____ Occ Blood</p> <p>____ O&P Comp (Mayo)</p> <p> (Giardia, E.Histolytica, Egg Cyst, Helminth eggs, Protozoa, Tape Worms, Larva worms)</p> <p>____ Microsporidium only, Mayo (MTBS)</p> <p>____ Cyclospora only, MAYO (CYCL)</p> <p align="center">PANELS:</p> <p>____ Gastrointestinal</p> <p>____ Respiratory Pathogen</p> <p align="center">24 Hour Urine (Circle one)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Calcium</td> <td style="width:33%;">Creatinine Clearance</td> <td style="width:33%;">Protein</td> </tr> <tr> <td>Phosphorus</td> <td>HIAA</td> <td>Sodium</td> </tr> <tr> <td>Chloride</td> <td>Potassium</td> <td>Uric Acid</td> </tr> </table> <p align="center">Other 24-Hour Urine test:</p> <p>_____</p> <p align="center">STANDING ORDER: YES</p> <p>FREQUENCY: _____</p> <p align="center">*Good for 6 months only</p> <hr/> <p align="center">SCHEDULER USE for ABNs</p> <p>PASSED _____ FAILED _____</p> <p align="center">FAILED TESTS:</p> <p>_____</p> <p>_____</p>	Calcium	Creatinine Clearance	Protein	Phosphorus	HIAA	Sodium	Chloride	Potassium	Uric Acid
Calcium	Creatinine Clearance	Protein										
Phosphorus	HIAA	Sodium										
Chloride	Potassium	Uric Acid										

Patient Name: _____

To be done at Mid Valley:

Diagnosis	ICD 10	Diagnosis	ICD 10	Diagnosis	ICD 10
<input type="checkbox"/> Abd pain, generalized	R10.84	<input type="checkbox"/> Dysuria	R30.0	<input type="checkbox"/> Screening, PKU	Z13.228
<input type="checkbox"/> Abd pain , RUQ	R10.11	<input type="checkbox"/> Edema	R60.9	<input type="checkbox"/> Screen, Ovarian	Z12.73
<input type="checkbox"/> Abd pain, LUQ	R10.12	<input type="checkbox"/> Elevated CRP	R79.82	<input type="checkbox"/> Screen, Prostate	Z12.5
<input type="checkbox"/> Abd pain, RLQ	R10.31	<input type="checkbox"/> Elevated D-dimer	R79.1	<input type="checkbox"/> Short of breath	R06.02
<input type="checkbox"/> Abd pain, LLQ	R10.32	<input type="checkbox"/> Elevated LFTs	R74.0	<input type="checkbox"/> Syncope	R55
<input type="checkbox"/> Abd pain, periumbilic	R10.33	<input type="checkbox"/> Elevated PSA w/o malign	R97.20	<input type="checkbox"/> Testical hypofunction	E29.1
<input type="checkbox"/> Abd pain, rebound	R10.829	<input type="checkbox"/> Elevated PSA w/ malign	R97.21	<input type="checkbox"/> Ovarian hypofunction	E28.39
<input type="checkbox"/> Abd pain, epigastric	R10.13	<input type="checkbox"/> Fabry's disease	E75.21	<input type="checkbox"/> Tonsillitis Strep	J03.00
<input type="checkbox"/> Acne	L70.9	<input type="checkbox"/> Fatigue	R53.83	<input type="checkbox"/> Tonsillitis acute	J03.90
<input type="checkbox"/> Anemia, normocytic	D64.9	<input type="checkbox"/> Fever	R50.9	<input type="checkbox"/> UTI	N39.0
<input type="checkbox"/> Anemia, bld loss, chron	D50.0	<input type="checkbox"/> Headache(s)	R51	<input type="checkbox"/> Vitamin B-12 deficiency	E53.8
<input type="checkbox"/> Anemia, iron deficiency	D50.9	<input type="checkbox"/> Hematuria	R31.9	<input type="checkbox"/> Vitamin D deficiency	E55.9
<input type="checkbox"/> Anemia, bld loss, acute	D62	<input type="checkbox"/> Hemochromatosis	E83.119	<input type="checkbox"/> Weakness	R53.1
<input type="checkbox"/> Anemia, due to chemo	D64.81	<input type="checkbox"/> Hemochromat,hereditary	E83.110	<input type="checkbox"/> Pain of:	Left Right
<input type="checkbox"/> Anemia, neoplastic dz	D63.0	<input type="checkbox"/> Hypercholesterolemia	E78.00	<input type="checkbox"/> Injury to:	Left Right
<input type="checkbox"/> Anemia, chr kidney dz	D63.1	<input type="checkbox"/> Hyperlipidemia	E78.5	<input type="checkbox"/> DDD/DJD of:	Left Right
<input type="checkbox"/> Asthma, uncomPLICATE	J45.909	<input type="checkbox"/> Hypertension	I10	<input type="checkbox"/> Cellulitis of:	Left Right
<input type="checkbox"/> Asthma, status asthma	J45.902	<input type="checkbox"/> HTN w/heart failure	I11.0	Long term use of:	
<input type="checkbox"/> Asthma, exacerbated	J45.901	<input type="checkbox"/> HTN w/kidney disease	I12.9		
<input type="checkbox"/> Atrial Fib, paroxysmal	I48.0	<input type="checkbox"/> Hyperthyroidism	E05.90	<input type="checkbox"/> anticoagulant	Z79.01
<input type="checkbox"/> Atrial Fib, long-persist	I48.11	<input type="checkbox"/> Hypothyroidism-unspec.	E03.9	<input type="checkbox"/> hormone	Z79.890
<input type="checkbox"/> Atrial Fib, other-persist	I48.19	<input type="checkbox"/> Jaundice, neonatal	P59.9	<input type="checkbox"/> insulin	Z79.4
<input type="checkbox"/> Atrial Fib, chronic	I48.20	<input type="checkbox"/> Jaundice, adult	R17	<input type="checkbox"/> steroid	Z79.52
<input type="checkbox"/> Atrial Fib, permanent	I48.21	<input type="checkbox"/> Lung Cancer, LT	C34.92	<input type="checkbox"/> other med	Z79.899
<input type="checkbox"/> Atrial Flutter, Type I	I48.3	<input type="checkbox"/> Lung Cancer, RT	C34.91	Other Diagnoses: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Acute <input type="checkbox"/> Chronic	
<input type="checkbox"/> Atrial Flutter, Type II	I48.4	<input type="checkbox"/> Malaise	R53.81		
<input type="checkbox"/> Chest pain	R07.9	<input type="checkbox"/> Memory loss	R41.3		
<input type="checkbox"/> Colon Cancer	C18.9	<input type="checkbox"/> Multiple Sclerosis	G35		
<input type="checkbox"/> CHF, right heart	I50.9	<input type="checkbox"/> Pancreas Cancer	C25.9		
<input type="checkbox"/> CHF, left heart	I50.1	<input type="checkbox"/> Pharyngitis	J02.9		
<input type="checkbox"/> CHF, systolic	I50.20	<input type="checkbox"/> Pharyngitis strep	J02.0		
<input type="checkbox"/> CHF, diastolic	I50.30	<input type="checkbox"/> Polycythem,vera	D45		
<input type="checkbox"/> CHF, combined	I50.40	<input type="checkbox"/> Polycythem,secondary	D75.1		
<input type="checkbox"/> CAD, of native	I25.10	<input type="checkbox"/> Prostate Cancer	C61		
<input type="checkbox"/> CAD, of bypass	I25.810	<input type="checkbox"/> PE acute w/o cor pul	I26.99	COVID-19 <input type="checkbox"/> Actual/suspected exposure, asymptomatic/symptomatic– Z20.822 <input type="checkbox"/> Confirmed virus infection – U07.1 <input type="checkbox"/> History of infection – Z86.16 <input type="checkbox"/> Pneumonia due to COVID-19 – J12.82 <input type="checkbox"/> Sequelae of infection – B94.8 <input type="checkbox"/> Antibody response testing – Z01.84 <input type="checkbox"/> Post COVID condition – U09.9 <input type="checkbox"/> Unvaccinated – Z28.310 <input type="checkbox"/> Partially vaccinated/series begun – Z28.311 <input type="checkbox"/> Under immunized/lapsed schedule – Z28.39	
<input type="checkbox"/> DM Type I controlled	E10.9	<input type="checkbox"/> PE acute w/ cor pul	I26.09		
<input type="checkbox"/> DM Type II controlled	E11.9	<input type="checkbox"/> PE, history of	Z86.711		
<input type="checkbox"/> DM Type I uncontrolled	E10.65	<input type="checkbox"/> Preop Labs	Z01.812		
<input type="checkbox"/> DM Type II uncontrol	E11.65	<input type="checkbox"/> Pulmonary Nodule	R91.1		
<input type="checkbox"/> Diarrhea	R19.7	<input type="checkbox"/> Pyuria	R82.81		
<input type="checkbox"/> Dizziness/vertigo	R42	<input type="checkbox"/> Renal insuff acute	N28.9		
<input type="checkbox"/> DVT, acute/lower RT	I82.401	<input type="checkbox"/> Renal insuff chronic	N18.9		
<input type="checkbox"/> DVT, acute/lower LT	I82.402	<input type="checkbox"/> Renal failure, acute	N17.9		
<input type="checkbox"/> DVT, acute/upper RT	I82.621	<input type="checkbox"/> Renal failure, chronic	N18.9		
<input type="checkbox"/> DVT, acute/upper LT	I82.622	<input type="checkbox"/> Rheumatoid Arthritis	M06.9		
<input type="checkbox"/> DVT, history of	Z86.718	<input type="checkbox"/> Routine Exam, normal	Z00.00		
		<input type="checkbox"/> Routine Exam, abnormal	Z00.01		

This is the back page of Aspen Valley Health's Laboratory Scheduling/Client Form
Please make sure you submit both front (tests requested) and back (diagnoses) pages.