



# Home Health Outpatient Order Form

## Lake Forest Hospital

Laboratory Services  
660 N. Westmoreland Road  
Lake Forest, Illinois 60045-1696

(847) 535-6119 TEL  
lfh.org

REGISTRATION:  
(847) 535-6853

Thank you for referring your Home Health Care patient for Laboratory services at Lake Forest Hospital.

**In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite at your request.**

STAT      **CALL RESULTS TO:** \_\_\_\_\_  
**FAX RESULTS TO:** \_\_\_\_\_

### PATIENT INFORMATION

Last Name	First Name
Date of Birth	Gender
Home Phone Number	Work/Cell Phone Number
MR#	LAB#

### PHYSICIAN/HOME HEALTH INFORMATION

Referring Practitioner Last Name	First Name
NPI #	Date of Test
Agency Name	Nurse
Today's Date	Time Collected

### SIGNS & SYMPTOMS / DIAGNOSIS / ICD-9

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD-9 for each test/treatment. Do not include a "rule-out" diagnosis.

\_\_\_\_\_  
\_\_\_\_\_

### RESULTS

Call results to RN at:	Fax results to RN at:
Call results to Dr. at:	Fax results to Dr. at:
Call results to Dr. at:	Fax results to Dr. at:

FORM #5030508

TEST NAME	TUBE	TEST NAME	TUBE
<input type="checkbox"/> Amylase	GRN	<input type="checkbox"/> Magnesium	GRN
<input type="checkbox"/> Basic Metabolic Panel	GRN	<input type="checkbox"/> Culture, Stool	
<input type="checkbox"/> Bili, Adult Total	GRN	<input type="checkbox"/> Stool, CDT	
<input type="checkbox"/> Bili, Neonatal Total	GRN	<input type="checkbox"/> Culture, Stool, Hemorrhagic E.Coli	
<input type="checkbox"/> Bili, Neo., Direct/Total	Micro	<input type="checkbox"/> Stool, Occult Blood	
<input type="checkbox"/> Blood Culture X1 X2	BLC	<input type="checkbox"/> Stool, Ova & Parasite	
<input type="checkbox"/> <b>BNP</b>	LAV	<input type="checkbox"/> Stool, Rotavirus	
<input type="checkbox"/> BUN	GRN	<input type="checkbox"/> Culture, Sputum	
<input type="checkbox"/> Carbamazepine	GRN	<input type="checkbox"/> Culture, Urine <input type="checkbox"/> Cath <input type="checkbox"/> Void	
<input type="checkbox"/> Cardio CRP	GRN	<input type="checkbox"/> Culture, Wound Site:	
<input type="checkbox"/> <b>CRP (C-Reactive prot.)</b>	GRN	<input type="checkbox"/> Phosphorus	GRN
<input type="checkbox"/> Calcium	GRN	<input type="checkbox"/> Potassium	GRN
<input type="checkbox"/> CBC w/plts, auto diff	LAV	<input type="checkbox"/> Protein Elec. (serum)	RED
<input type="checkbox"/> CBC manual diff	LAV	<input type="checkbox"/> <b>PT (venipuncture)</b>	BLU
<input type="checkbox"/> <b>CEA</b>	GRN	<input type="checkbox"/> <b>PTT</b>	BLU
<input type="checkbox"/> Cholesterol, Total	GRN	<input type="checkbox"/> Reticulocyte count	LAV
<input type="checkbox"/> CK, Total	GRN	<input type="checkbox"/> <b>Sed Rate, ESR</b>	LAV
<input type="checkbox"/> Comp. Metabol	GRN	<input type="checkbox"/> SGPT (ALT)	GRN
<input type="checkbox"/> <b>Coronary Risk Lipids</b>	GRN	<input type="checkbox"/> SGOT (AST)	GRN
<input type="checkbox"/> Creatinine	GRN	<input type="checkbox"/> T3 Total	GRN
<input type="checkbox"/> Digoxin	GRN	<input type="checkbox"/> T4, Free	GRN
<input type="checkbox"/> <b>Dilantin</b>	GRN	<input type="checkbox"/> TSH	GRN
<input type="checkbox"/> Electrolytes, Serum	GRN	<input type="checkbox"/> Theophylline	GRN
<input type="checkbox"/> <b>Ferritin</b>	GRN	<input type="checkbox"/> Transferrin	GRN
<input type="checkbox"/> Folate	GRN	<input type="checkbox"/> <b>Urinalysis, Routine</b>	
<input type="checkbox"/> GGTP	GRN	<input type="checkbox"/> Urinalysis w/micro	
<input type="checkbox"/> <b>Glucose</b>	GRN	<input type="checkbox"/> Valproic/Depakote	GRN
<input type="checkbox"/> <b>Glycohemoglobin, A1C</b>	LAV	<input type="checkbox"/> Vancomycin Trough	GRN
<input type="checkbox"/> H&H	LAV	<input type="checkbox"/> Vancomycin Peak	GRN
<input type="checkbox"/> Hemagram	LAV	<input type="checkbox"/> Vitamin B12	GRN
<input type="checkbox"/> <b>Hepatic Function</b>	GRN	<input type="checkbox"/> Uric Acid	GRN
<input type="checkbox"/> Hepatitis Profile (A,B,C)	RED	Other: _____	
<input type="checkbox"/> Homocysteine* On Ice!	GRN	_____	
<input type="checkbox"/> <b>Iron</b>	GRN	_____	
<input type="checkbox"/> <b>Iron &amp; TIBC</b>	GRN	_____	
<input type="checkbox"/> LDH	GRN	_____	

NOTE: Tests in **bold** require advanced beneficiary notice at time of testing