



# Laboratory Services Outpatient Order Form

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

For questions or any further information, please call Laboratory Services at (847) 535-6119.

**In order to provide the best possible services to you and your patients, we request the following information. To expedite your request, please complete all fields below and fax the order to (847) 535-8001.**

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

## PATIENT INFORMATION

\_\_\_\_\_  
Last Name First Name  
\_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
Home Phone Number Work/Cell Phone Number

Patient must fast 10-12 hours

## PHYSICIAN INFORMATION

\_\_\_\_\_  
Referring Practitioner Last Name First Name  
\_\_\_\_\_  
NPI # Practitioner's Fax Number  
\_\_\_\_\_  
Practitioner's Signature Date

## 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.

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

# Lake Forest Hospital

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

LABORATORY:  
(847) 535-6119 TEL  
lfh.org

SCHEDULING:  
(847) 535-8000 TEL  
(847) 535-8001 FAX

## TEST NAME

<input type="checkbox"/> ANA	<input type="checkbox"/> Homocysteine	
<input type="checkbox"/> Alkaline Phosphatase	<input type="checkbox"/> Immunoglobulin, quant	
<input type="checkbox"/> Amylase	<input type="checkbox"/> Immunofixation Serum	
<input type="checkbox"/> Basic Metabolic Prof.	<input type="checkbox"/> Immunofixation Urine qual/random/24h	
<input type="checkbox"/> Bili, Neonatal Total	<input type="checkbox"/> Iron & TIBC	
<input type="checkbox"/> Bili, Neo. Direct/Total	<input type="checkbox"/> LDH	
<input type="checkbox"/> BNP	<input type="checkbox"/> Lipase	
<input type="checkbox"/> Cardio CRP (High Sen)	<input type="checkbox"/> Magnesium	
<input type="checkbox"/> CRP (C-Reactive prot.)	<input type="checkbox"/> Mono Screen	
<input type="checkbox"/> Calcium	<input type="checkbox"/> Phosphorus	
<input type="checkbox"/> CBC w/plts, auto diff	<input type="checkbox"/> *Platlet Function, Screen	
<input type="checkbox"/> CEA	<input type="checkbox"/> Potassium	
<input type="checkbox"/> CK, Total	<input type="checkbox"/> PSA Screen (1x per year)	
<input type="checkbox"/> Comprehensive Metabol.	<input type="checkbox"/> PSA, Free (elevated total)	
<input type="checkbox"/> Coronary Risk Lipids	<input type="checkbox"/> PSA Total (diagnostic)	
<input type="checkbox"/> Electrolytes, Serum	<input type="checkbox"/> Protein Electrophoresis (serum)	
<input type="checkbox"/> Ferritin, Serum	<input type="checkbox"/> PT (venipuncture)	
<input type="checkbox"/> Folate, Serum	<input type="checkbox"/> PT (capillary/finger)	
<input type="checkbox"/> GGTP	<input type="checkbox"/> PTT	
<input type="checkbox"/> Rapid Strep, Throat	<input type="checkbox"/> Reticulocyte count	
<input type="checkbox"/> Culture, Throat, Routine	<input type="checkbox"/> Sed Rate, ESR	
<input type="checkbox"/> Culture, Stool	<input type="checkbox"/> T3 Total	
<input type="checkbox"/> Stool, Clostridium difficile	<input type="checkbox"/> T4, Free	
<input type="checkbox"/> Culture, Stool, Hem.E. coli	<input type="checkbox"/> TSH	
<input type="checkbox"/> Stool, Occult Blood	<input type="checkbox"/> Transferrin	
<input type="checkbox"/> Stool, Ova & Parasite	<input type="checkbox"/> Urine Microalbumin	
<input type="checkbox"/> Stool, Rotavirus	<input type="checkbox"/> Urinalysis, Routine	
<input type="checkbox"/> Culture, AFB	<input type="checkbox"/> Urinalysis w/micro	
<input type="checkbox"/> Culture, Urine	<input type="checkbox"/> Vitamin B12	
<input type="checkbox"/> Culture, Wound	<input type="checkbox"/> Vitamin D, 1 25 Dihydroxy	
<input type="checkbox"/> Glucose, Serum	<input type="checkbox"/> Uric Acid	
<input type="checkbox"/> Glucose Serum, 1 Hr. GTT	<input type="checkbox"/> 24-Hr. Urine CRE CLR	HT:
<input type="checkbox"/> 2 Hr. GTT (Standard)	<input type="checkbox"/> 24-Hr. Urine Total Prot.	WT:
<input type="checkbox"/> 3 Hr. GTT (Pregnancy)	<input type="checkbox"/> 24-Hr. Urine 5-HIAA	
<input type="checkbox"/> Glycohemoglobin, A1C	<input type="checkbox"/> 24-Hour VMA	
<input type="checkbox"/> HCG Beta Quant.	<input type="checkbox"/> *Semen, Fertility	
<input type="checkbox"/> Hepatitis B surface AB	<input type="checkbox"/> *Semen, Post Vas.	
<input type="checkbox"/> Hepatitis B surface AG	<input type="checkbox"/> Other:	
<input type="checkbox"/> Hepatitis C AB	_____	
<input type="checkbox"/> Hepatic Function	_____	
<input type="checkbox"/> Hepatitis Profile (A, B, C)	_____	
<input type="checkbox"/> HIV	_____	