Laboratory Services Standing Order Form

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

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

Walk-ins are welcome for most tests. Patients should enter the hospital's Main Entrance to the Registration Department before their appointment. You will be given a scheduled time for the test when you arrive at Registration. Registration Department hours are 6:00 a.m. to 6:00 p.m. (Monday–Friday) and 6:30 a.m. to 2:30 p.m. (Saturday).

Note: Standing orders will expire 6 months from the date issued unless otherwise specified on requisition. 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. Please complete all fields to expedite your request.

❒ STAT **CALL RESULTS TO:** _____

FAX RESULTS TO: _____

PATIENT INFORMATION

Last Name _____ First Name _____

Date of Birth _____

Home Phone Number _____ Work/Cell Phone Number _____

Test Frequency _____ Expiration Date _____

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.

_____

_____

TEST NAME

- ❒ Basic Metabolic Prof.
- ❒ Bilirubin, Adult Total
- ❒ Bili, Neonatal Total
- ❒ Bili, Neo.Direct/Total
- ❒ **BNP**
- ❒ BUN
- ❒ Calcium
- ❒ Carbamazepine (Tegretol)
- ❒ **CBC w/plts, auto diff**
- ❒ **CBC Manual diff**
- ❒ **Hemogram**
- ❒ Cardio CRP, High Sens.
- ❒ Comprehensive Metabol.
- ❒ **Coronary Risk Lipids**
- ❒ Creatinine
- ❒ **Digoxin**
- ❒ Dilantin
- ❒ Electrolytes, Serum
- ❒ **Ferritin, Serum**
- ❒ Folate, Serum
- ❒ FK506, Tacro, Prograf
- ❒ **GGTP**
- ❒ **Glucose, Serum**
- ❒ **Glycohemoglobin, A1C**
- ❒ HCG Beta Quant.
- ❒ **Hepatic Function Panel**
- ❒ **Iron**
- ❒ **Iron & TIBC**
- ❒ LDH
- ❒ **Magnesium**
- ❒ Phenobarbitol
- ❒ Potassium
- ❒ Rapamycin
- ❒ **PT (venipuncture)**
- ❒ **PT (capillary/finger)**
- ❒ **PTT**
- ❒ Reticulocyte count
- ❒ **SED Rate**
- ❒ *Semen, Post Vas.
  - ❒ #1 ❒ #2
- ❒ SGPT (ALT)
- ❒ SGOT (AST)
- ❒ **T3 Total**
- ❒ **T4, Free**
- ❒ **TSH**
- ❒ *Therapeutic Phlebotomy
- ❒ **Transferrin**
- ❒ Valproic/Depakote
- ❒ Vitamin B12
- ❒ **Other:** _____

NOTE: Tests in **bold** require advanced beneficiary notice at time of testing.
*Scheduled test can only be performed at Lake Forest Hospital Laboratory.