STOCKHOLM MEDICAL SERVICES

401 N York St, Ste 4, Elmhurst, IL, 60126

Tel: (331) 777 0139 | Fax: (331) 684 0830 | stockholmmedicalservices@gmail.com

www.stockholmmedicalservices.com

Patient Information

Name		Date	
Date Of Birth		Sex	
S.S.No		Facility	
Room No		Physician's Name	
Nurse Name		Tel/Fax	

Billing Information

Primary Insurance ☐ Medicare ☐ Medicaid ☐ Other

Insurance company name _____ ID# _____ Group _____ Insurance Address _____

Secondary Insurance ☐ Medicare ☐ Medicaid ☐ Other

Insurance company name _____ ID# _____ Group _____ Insurance Address _____

Site Drawn: ☐ Rt Hand ☐ Lt Hand ☐ Rt Wrist ☐ Lt Wrist

Physician's Signature _____

PANELS:

- ☐ Basic Metabolic Panel
- ☐ Comprehensive Metabolic Panel
- ☐ Electrolyte Panel
- ☐ Lipid Panel
- ☐ Iron Deficiency Panel
- ☐ Liver Panel
- ☐ Urine 5 Drug Panel
  - ☐ PCP ☐ Marijuana ☐ Cocaine ☐ Opiates ☐ Amphetamines
- ☐ Renal Panel
- ☐ Alcohol

Individual Test:

- ☐ Albumin
- ☐ Ammonia
- ☐ Alkaline Phos
- ☐ ALT
- ☐ Amylase
- ☐ AST
- ☐ ANA with Reflex
- ☐ BNP
- ☐ Bilirubin Direct
- ☐ Bilirubin Total
- ☐ BUN
- ☐ CA 15-3
- ☐ CA 19-9
- ☐ CA 125
- ☐ C-Reactive Protein(CRP)
- ☐ Calcium Total
- ☐ Cholesterol Total
- ☐ Creatinine
- ☐ Creatinine Kinase Total
- ☐ Digoxin
- ☐ Estradiol
- ☐ Ferritin
- ☐ Folate/Folic Acid
- ☐ Free T3
- ☐ Free T4
- ☐ Glucose
- ☐ Gly-HB A1
- ☐ Y-Glutamyl Transamin
- ☐ Hemoglobin A1C
- ☐ Iron Total
- ☐ Lactate Dehydrogenase
- ☐ Lipase
- ☐ Magnesium
- ☐ Phosphorus
- ☐ Potassium
- ☐ Prealbumin
- ☐ Procalcitonin
- ☐ Progesterone
- ☐ Prostate Spec AG (PSA)
- ☐ Sodium
- ☐ Testosterone
- ☐ TIBC
- ☐ Transferrin
- ☐ TSH (High Sensitivity)
- ☐ Triglycerides
- ☐ Triponin-I
- ☐ Uric Acid
- ☐ Vitamin b-12
- ☐ Vitamin D, 25 OH (hydroxy)

Hematology Tests:

- ☐ CBC w/auto diff
- ☐ CBC for CLOZARIL
- ☐ HGB ☐ HTC
- ☐ ESR (Sed Rate)
- ☐ Platelet Count
- ☐ Reticulocyte Count

Serology/Immunology:

- ☐ Hep A Total AB
- ☐ Hep B Surface AG
- ☐ Hep B Surface AB
- ☐ Hep C AB
- ☐ HCB ☐ Serum ☐ Urine
- ☐ HIV 1/2 Screen
- ☐ RPR (Syphilis)
- ☐ RA (Rheumatoid Arthritis)

Microbiology/Molecular:

- ☐ UTI Panel ☐ Urinalysis
- ☐ U/A w/Reflex Culture
- ☐ Urine Culture
- ☐ Stool Culture ☐ Stool for C.Diff
- ☐ GI Panel ☐ Rectal Culture
- ☐ Fit Test (Occult Blood)
- ☐ Sepsis Panel (Wound Care)
- ☐ SARS-CoV-2
- ☐ Influenza A/B PCR
- ☐ Influenza A/B RSV PCR
- ☐ Respiratory Panel

ICD-10 Codes (enter all that apply)

Other Test Please Specify

Specimen Collection Date:
Specimen Collection Time:
Specimen Collected by: