



COLLECTION DATE: _____
 TIME: _____
 INITIALS: _____

SOUTHEAST
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 clientsupport@alliancelab.com

REQUEST FOR MEDICALLY NECESSARY HOME VISIT

24 HOURS NOTICE IS REQUIRED FOR ALL HOUSE VISITS

NEW CLIENT

EXISTING CLIENT UPDATE

SOUTHEAST ACCOUNT #: _____

DOCTOR'S NAME: _____ SPECIALTY: _____ NPI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TEL: _____ FAX: _____ EMAIL: _____

LAST NAME: _____ FIRST NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MOBILE TEL #: _____ HOME TEL #: _____

PRIMARY INSURANCE: _____ INS ID # _____

STAT
 2xWEEK
 qWEEK
 q2WEEK
 qMONTH
 q3MONTH

Attach Insurance Info

Spec. Request or Clinical Info: _____ Diagnosis Code (ICD-9/10): _____

700	PT+INR	LT.BL
405	PTT	LT.BL
P201	CBC WITH DIFFERENTIAL & PLATELETS	LAV
P210	BMP (Glu, Na, K, C1, CO2, BUN, Cr, Ca, GFR)	SST
P213	CMP (Glu, Na, K, C1, CO2, Ca, BUN, CR Tbili, AST, ALT, TP, Alb, Glob, Alk phos, GFR)	SST
P218	LIPID PNL (Trig, Chol, HDL, LDL, VLDL, calc, non-HDL, Chol/HDL ratio)	SST
P217	HEPATIC PNL (Ab, TBILI, DBil, Alk phos, AST, ALT, TP)	SST
301	FERRITIN	SST
409	FOLATE	SST
238	GLUCOSE (Fasting)	SST
L305	HEMOGLOBIN A1C	LAV
P204	IRON PROFILE (IRON+TIBC+UIBC+SAT%)	SST
215	LDH	SST
210	MAGNESIUM	SST
204	PHOSPHORUS	SST
670	PSA, TOTAL	SST
QTBG	QUANTIFERON PLUS TB GOLD MUST BE IN LITHIUM HEPARIN TUBE	LT. GREEN
601	RHEUMATOID FACTOR (RF)	SST
119	SED RATE (ESR)	LAV

309	T3 TOTAL	SST
307	T3 UPTAKE	SST
252	T4 FREE	SST
144	T4, TOTAL	SST
L730	TSH	SST
207	URIC ACID	SST
410	VITAMIN B12	SST
411	VITAMIN D (25 HYDROXY)	SST
402	DIGOXIN	RED
668	PHENYTOIN DILANTIN	RED
667	MICROALBUMIN, URINE	UR
UA	URIANALYSIS, COMPLETE	UR
L430	STOOL OCCULT BLOOD	ST
6126	URINE CULTURE & SENSITIVITIES	UC

MOLECULAR PCR

6111	GASTROINTESTINAL PATHOGEN PANEL by PCR	FECAL SWAB
7200	CoVid, Flu A/B & RSV by PCR	COVSW
RPPC	RPP (RESPIRATORY) by PCR	COVSW
4050	UTI URINARY TRACT INFECTION W/ABR by PCR	UR
PH3	Travel & Collection Profile	LAB

Add. Tests: _____

Signature*: _____ DATE: _____

SIGNATURE STAMP IS NOT PERMITTED.

*This form must be signed and only the referring physician may sign. Original signature is required! When ordering tests, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient. By signing, the physician requesting a home visit by a laboratory phlebotomist is certifying that the patient is homebound or bedbound (as defined by Medicare) and that both the home visit and lab tests being ordered are medically necessary.

ALLIANCE™ LABORATORIES CAN NOT PERFORM HOME VISITS UNLESS THE FORM IS COMPLETED IN FULL!