



PMH LABORATORY

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pmhlaboratory.com

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Excellence In Laboratory Medicine

PHONE REPORT TO: ()	STAT	<input type="checkbox"/> FASTING <input type="checkbox"/> NON-FASTING
CHART I.D. NUMBER	DATE	TIME COLLECTED
PATIENT LAST	FIRST	M.I.
SOCIAL SECURITY NO.	SEX M F	AGE
PHONE # ()	EMAIL	
ADDRESS	CITY	STATE ZIP
BILL TO		<input type="checkbox"/> MEDICAL <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> IPA <input type="checkbox"/> OTHER <input type="checkbox"/> MEDICARE <input type="checkbox"/> PATIENT DIRECT <input type="checkbox"/> INSURANCE
INSURANCE / IPA / MEDICAL MANAGED CARE GROUP NAME		
SUBSCRIBERS' NAME		RELATIONSHIP <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT
INSURANCE / MEDICARE / MEDICAL I.D. #		GROUP / LOCAL #
INSURED / GUARDIAN SIGNATURE REQUIRED X		

ALL INFORMATION MUST BE PROVIDED OR CLIENT WILL BE BILLED

I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE FOR ANY CHARGES NOT PAID FULL BY INSURANCE

FOR LAB USE ONLY

CODE	PROFILES	CODE	INDIVIDUAL TESTS	CODE	MICROBIOLOGY	CODE	URINE	
R125	<input type="checkbox"/> Acute Hepatitis Profile	SS 434	<input type="checkbox"/> LH	SS	SOURCE _____	464	<input type="checkbox"/> Urinalysis Complete	UR
R904	<input type="checkbox"/> Basic Metabolic	SS 0263	<input type="checkbox"/> Lithium	SS	<i>Sensitivities & IDS will be performed if indicated</i>	3952	<input type="checkbox"/> UA, Reflex to C/S	UR/GY
R905	<input type="checkbox"/> Comp Metabolic	SS 167	<input type="checkbox"/> Magnesium	SS		461	<input type="checkbox"/> Uric Acid 24hr UA w/ Creat	UR
R113	<input type="checkbox"/> Electrolyte Profile	SS T563	<input type="checkbox"/> Microalbumin	SS 203	<input type="checkbox"/> Beta Strep Group A	SW 1929	<input type="checkbox"/> Creat/Microalb ratio	UR
R122	<input type="checkbox"/> (Liver) Hepatic Profile	SS 185	<input type="checkbox"/> Phosphorus	SS 1124	<input type="checkbox"/> Beta Strep Group B	SW T563	<input type="checkbox"/> Microalbumin	UR
R120	<input type="checkbox"/> Lipid Profile	SS 444	<input type="checkbox"/> Progesterone	SS 5025	<input type="checkbox"/> Chlamydia	UR R056	<input type="checkbox"/> Urine Creatinine	UR
T572	<input type="checkbox"/> Obstetric Profile	R/LAV/PK/UR 445	<input type="checkbox"/> Prolactin	SS 4070	<input type="checkbox"/> Gonorrhea	UR		
127	<input type="checkbox"/> Renal Function Profile	SS 183	<input type="checkbox"/> Prothrombin Time (PT) INR	B 214	<input type="checkbox"/> Gram Stain	SW		
6042	<input type="checkbox"/> CBC w/ Auto Diff	LV 183/305	<input type="checkbox"/> PT & PTT Activated	B 7778	<input type="checkbox"/> Nail Culture	SW		
	INDIVIDUAL TESTS	305	<input type="checkbox"/> PTT Activated	B 209	<input type="checkbox"/> Throat Culture	SW		
403	<input type="checkbox"/> Amylase	SS 026	<input type="checkbox"/> Quantiferon TB Gold	Call Lab 211	<input type="checkbox"/> Urine Culture	UR/GY		
5023	<input type="checkbox"/> Antinuclear Antibodies	SS 307	<input type="checkbox"/> Sed Rate, Westergren	LV 210	<input type="checkbox"/> Vaginal Culture	SW		
520	<input type="checkbox"/> BNP(Brain Natriuretic Peptide)	SS 457	<input type="checkbox"/> Testosterone Total	SS C203	<input type="checkbox"/> Wound Culture	SW		
046	<input type="checkbox"/> Calcium	SS 591	<input type="checkbox"/> Testosterone Free	SS 212	<input type="checkbox"/> Routine Culture	SW		
409	<input type="checkbox"/> Cholesterol, Total	SS 2137	<input type="checkbox"/> T3 Free	SS				
2187	<input type="checkbox"/> C-Reactive Protein HS	SS 237	<input type="checkbox"/> T3 Total	SS 440				
501	<input type="checkbox"/> DHEA-S	SS 455	<input type="checkbox"/> T Uptake	SS 440A	<input type="checkbox"/> HCG, Quantitative	SS		
541	<input type="checkbox"/> Estradiol	SS 674	<input type="checkbox"/> T4, Free	SS 194	<input type="checkbox"/> HCG, Qualitative	SS		
418	<input type="checkbox"/> Ferritin	SS 456	<input type="checkbox"/> T4, Total	SS	<input type="checkbox"/> HCG, Qual. Urine	UR		
197	<input type="checkbox"/> Folate	SS 5056	<input type="checkbox"/> TPO-Anti	Call Lab 926				
T558	<input type="checkbox"/> Folic Acid	SS 460	<input type="checkbox"/> TSH	SS 405	<input type="checkbox"/> ANA Titer	SS		
420	<input type="checkbox"/> FSH	SS 345	<input type="checkbox"/> TSH 3rd Generation	SS 412	<input type="checkbox"/> ASO	SS		
422	<input type="checkbox"/> Glucose Fasting	SS 1090	<input type="checkbox"/> Triglycerides	SS 449	<input type="checkbox"/> CRP	SS		
3102	<input type="checkbox"/> Glucose Tolerance Test x3	GY 0285	<input type="checkbox"/> Troponin-1	SS R034	<input type="checkbox"/> RPR	SS		
1099	<input type="checkbox"/> Hemoglobin A1c	LV 461	<input type="checkbox"/> Uric Acid	SS 2304	<input type="checkbox"/> TPPA Syphilis, Conf	SS		
R015	<input type="checkbox"/> Hepatitis A-Antibody IgG	SS 262	<input type="checkbox"/> Vitamin B12	SS 450	<input type="checkbox"/> RA	SS		
T559	<input type="checkbox"/> Hepatitis B Core Antibody IgG	SS 263	<input type="checkbox"/> Vitamin D, 25 Hydroxy	SS 451	<input type="checkbox"/> Rubella IgG	SS		
T569	<input type="checkbox"/> Hepatitis B Surface Antigen	SS 415	<input type="checkbox"/> Vitamin R	R	<input type="checkbox"/> Rubella (Qualitative)	SS		
0246	<input type="checkbox"/> HBsAg (Qual Conf)	SS 416	<input type="checkbox"/> Dilantin	R				
1051	<input type="checkbox"/> HDL Cholesterol	SS 0009	<input type="checkbox"/> Phenobarbital	R				
035	<input type="checkbox"/> HIV-1/O2 4th Generation	SS 416	<input type="checkbox"/> Phenytoin (Dilantin)	R				
T565	<input type="checkbox"/> CA-19	SS 0212	<input type="checkbox"/> Carbamazepine (Tegretol)	R				
R005	<input type="checkbox"/> CA-125	SS 0282	<input type="checkbox"/> Theophylline	R				
505	<input type="checkbox"/> CEA	SS 0144	<input type="checkbox"/> Valproic Acid (Depakene)	R				
297	<input type="checkbox"/> PSA, Free	SS T564	<input type="checkbox"/> Vancomycin Random	R				
630	<input type="checkbox"/> PSA, Total	SS						
1035	<input type="checkbox"/> Iron, Total	SS						

THERAPEUTIC DRUG MONITORING
CALL LAB
DRUGS OF ABUSE
CALL LAB

CORONAVIRUS TESTING
CV78 Covid-19 SARS CoV-2 UTM/SW
CV20 Covid-19 Antibody IgG SS
CV19 Covid-19 Antibody IgM SS
CV99 Respiratory Panel (CV19/FluA & B) UTM/SW
CV33 CV19 + FLU + RSV UTM/SW
T571 RSV UTM/SW

Clinical Information / Comments:

NOTICE TO PHYSICIANS

When ordering tests for which Medicare reimbursement will be sought, physicians (or other individual authorized by law to order tests) should only order tests that are medically necessary for the diagnosis or treatment of a patient, rather than for screening purposes.

COMPONENTS MAY BE BILLED SEPARATELY IN ACCORDANCE WITH CARRIER POLICIES. ALL LABORATORY PROCEDURES WILL BE BILLED TO THIRD PARTY CARRIERS (INCLUDING MEDICARE AND MEDI-CAL) AT PRICES BILLED TO PATIENTS.

SPECIMEN CODES

B = BLUE GY = GRAY SS = SERUM
PK = PINK LV = LAVENDER ST = STOOL
F = FROZEN P = PLASMA SW = SWAB
GN = GREEN RB = ROYAL BLUE NP = NASOPHARYNGEAL
UA = URINE ANALYSIS GX = DNA ORAL SWAB

PHLEBOTOMIST INITIAL