



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	BILL TO <input type="checkbox"/> MEDICAL <input type="checkbox"/> PHYSICIAN <input type="checkbox"/> IPA <input type="checkbox"/> OTHER
PATIENT LAST	FIRST	M.I.	<input type="checkbox"/> MEDICARE <input type="checkbox"/> PATIENT DIRECT <input type="checkbox"/> INSURANCE
SOCIAL SECURITY NO.	SEX M F	AGE	DATE OF BIRTH
ADDRESS	PHONE # ()	INSURANCE / MEDICARE / MEDICAL I.D. #	RELATIONSHIP <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> PARENT
CITY	STATE	ZIP	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

CODE	PROFILES	CODE	INDIVIDUAL TESTS	CODE	INDIVIDUAL TESTS	CODE	TOXICOLOGY
R125	<input type="checkbox"/> Acute Hepatitis Profile SS	420	<input type="checkbox"/> FSH SS	455	<input type="checkbox"/> T Uptake SS	0282	<input type="checkbox"/> Theophylline R
R904	<input type="checkbox"/> Basic Metabolic SS	422	<input type="checkbox"/> Glucose Fasting GY	674	<input type="checkbox"/> T4, Free SS	0144	<input type="checkbox"/> Valproic Acid (Depakene) R
R905	<input type="checkbox"/> Comp Metabolic SS	3102	<input type="checkbox"/> Glucose Tolerance Test x3 GY	456	<input type="checkbox"/> T4, Total SS	T564	<input type="checkbox"/> Vancomycin Random R
R113	<input type="checkbox"/> Electrolyte Profile SS	421	<input type="checkbox"/> GGT SS	5056	<input type="checkbox"/> TPO-Anti SS		URINE
R122	<input type="checkbox"/> (Liver) Hepatic Profile SS	1099	<input type="checkbox"/> Hemoglobin A1c LV	460	<input type="checkbox"/> TSH SS	462	<input type="checkbox"/> Urine Microscopic Exam UR
R120	<input type="checkbox"/> Lipid Profile SS	R015	<input type="checkbox"/> Hepatitis A-Antibody IgG SS	345	<input type="checkbox"/> TSH 3rd Generation SS	463	<input type="checkbox"/> UA, w/ Macroscopic UR
R088	<input type="checkbox"/> Lipid reflex LDL Direct SS	R010	<input type="checkbox"/> Hepatitis A-Antibody IgM SS	3132	<input type="checkbox"/> Trichomonas Vaginalis SW	464	<input type="checkbox"/> Urinalysis Complete UR
T572	<input type="checkbox"/> Obstetric Profile R/LAV/PK/UR	0245	<input type="checkbox"/> Hepatitis B Core Antibody IgM SS	1090	<input type="checkbox"/> Triglycerides SS	3952	<input type="checkbox"/> UA, Reflex to C/S UR/GY
127	<input type="checkbox"/> Renal Function Profile SS	T559	<input type="checkbox"/> Hepatitis B Core Antibody IgG SS	0.285	<input type="checkbox"/> Troponin-1 SS	461	<input type="checkbox"/> Uric Acid 24hr UA w/ Creat UR
	HEMATOLOGY	564	<input type="checkbox"/> Hepatitis B Surface Antibody IgG SS	461	<input type="checkbox"/> Uric Acid SS	1929	<input type="checkbox"/> Creat/Microalb ratio UR
6042	<input type="checkbox"/> CBC w/ Diff LV	T569	<input type="checkbox"/> Hepatitis B Surface Antigen SS	262	<input type="checkbox"/> Vitamin B12 SS	T563	<input type="checkbox"/> Microalbumin UR
7777	<input type="checkbox"/> CBC w/o Diff w/ Plt LV	R021	<input type="checkbox"/> Hepatitis C Antibody SS	263	<input type="checkbox"/> Vitamin D, 25 Hydroxy SS	R056	<input type="checkbox"/> Urine Creatinine UR
3003	<input type="checkbox"/> Hematocrit LV	0.246	<input type="checkbox"/> HBsAg (Qual Conf) SS		MICROBIOLOGY		TUMOR MARKERS
3002	<input type="checkbox"/> Hemoglobin LV	1051	<input type="checkbox"/> HDL Cholesterol SS		SOURCE	T565	<input type="checkbox"/> CA-19 SS
188	<input type="checkbox"/> Platelet Count LV	035	<input type="checkbox"/> HIV-1/O2 4th Generation SS		<i>Sensitivities & IDS will be performed if indicated</i>	R005	<input type="checkbox"/> CA-125 SS
3001	<input type="checkbox"/> RBC Count LV	T560	<input type="checkbox"/> Herpes I IgG SS	203	<input type="checkbox"/> Beta Strep Group A SW	505	<input type="checkbox"/> CEA SS
3000	<input type="checkbox"/> WBC Count LV	T561	<input type="checkbox"/> Herpes I IgG SS	1124	<input type="checkbox"/> Beta Strep Group B SW	297	<input type="checkbox"/> PSA, Free SS
	INDIVIDUAL TESTS	T562	<input type="checkbox"/> Herpes I & II IgG SS	5025	<input type="checkbox"/> Chlamydia UR	630	<input type="checkbox"/> PSA, Total SS
6038	<input type="checkbox"/> ABO & RH R/LAV/PK	426	<input type="checkbox"/> Homocysteine SS	4070	<input type="checkbox"/> Gonorrhea UR		THERAPEUTIC DRUG MONITORING
5007	<input type="checkbox"/> Albumin SS	713	<input type="checkbox"/> H Pylori, IgG Screening SS	214	<input type="checkbox"/> Gram Stain SW		CALL LAB
4050	<input type="checkbox"/> Alkaline Phosphatase SS	1035	<input type="checkbox"/> Iron Total SS	7778	<input type="checkbox"/> Nail Culture SW		DRUGS OF ABUSE
T556	<input type="checkbox"/> Antibody Screen SS	262	<input type="checkbox"/> Lead RB	209	<input type="checkbox"/> Throat Culture SW		CALL LAB
0208	<input type="checkbox"/> Ammonia LV TAP FZ	0880	<input type="checkbox"/> Lactate Dehydrogenase ISO SS	211	<input type="checkbox"/> Urine Culture UR/GY		PE (Presumptive Eligibility)
403	<input type="checkbox"/> Amylase SS	0881	<input type="checkbox"/> Lactate Dehydrogenase (LDH) SS	210	<input type="checkbox"/> Vaginal Culture SW	218	<input type="checkbox"/> Chlamydia UR
5023	<input type="checkbox"/> Antinuclear Antibodies SS	580	<input type="checkbox"/> LDL Cholesterol SS	C203	<input type="checkbox"/> Wound Culture SW	4070	<input type="checkbox"/> Gonorrhea UR
1016	<input type="checkbox"/> AST (SGOT) SS	434	<input type="checkbox"/> LH SS	212	<input type="checkbox"/> Routine Culture SW	5012	<input type="checkbox"/> Drug Screen UR
452	<input type="checkbox"/> ALT (SGPT) SS	0263	<input type="checkbox"/> Lithium SS		PREGNANCY TESTS	T566	<input type="checkbox"/> 1-hr, 2-hr GTT, Post Gluc. Dose GY
520	<input type="checkbox"/> BNP(Brain Natriuretic Peptide) SS	167	<input type="checkbox"/> Magnesium SS	440	<input type="checkbox"/> HCG, Quantitative SS	0.34	<input type="checkbox"/> HIV Ag + HIV Ab 1 & 2 Screen SS
1080	<input type="checkbox"/> Bilirubin, Total SS	T563	<input type="checkbox"/> Microalbumin SS	440A	<input type="checkbox"/> HCG, Qualitative SS	6038/T556	<input type="checkbox"/> ABO, RH, ABS R/LAV/PK
5031	<input type="checkbox"/> Bilirubin, Direct SS	185	<input type="checkbox"/> Phosphorus SS	194	<input type="checkbox"/> HCG, Qual. Urine UR	449	<input type="checkbox"/> RPR SS
1084	<input type="checkbox"/> BUN SS	1055	<input type="checkbox"/> Potassium SS		SEROLOGY	8017	<input type="checkbox"/> Treponema Pallidum SS
046	<input type="checkbox"/> Calcium SS	444	<input type="checkbox"/> Progesterone SS	926	<input type="checkbox"/> ANA Titer SS	211	<input type="checkbox"/> Urine Culture Bacterial UR
4043	<input type="checkbox"/> C3 SS	445	<input type="checkbox"/> Prolactin SS	405	<input type="checkbox"/> ASO SS		<i>Screening Only For Single Org</i>
4045	<input type="checkbox"/> C4 SS	183	<input type="checkbox"/> Prothrombin Time (PT) INR B	412	<input type="checkbox"/> CRP SS		CORONAVIRUS TESTING
409	<input type="checkbox"/> Cholesterol, Total SS	183/305	<input type="checkbox"/> PT & PTT Activated B	449	<input type="checkbox"/> RPR SS	CV78	<input type="checkbox"/> Covid-19 SARS CoV-2 UTM/SW
T557	<input type="checkbox"/> CPK SS	305	<input type="checkbox"/> PTT Activated B	R034	<input type="checkbox"/> TPPA Syphilis, Conf SS	CV20	<input type="checkbox"/> Covid-19 Antibody IgG SS
2187	<input type="checkbox"/> C-Reactive Protein HS SS	026	<input type="checkbox"/> Quantiferon TB Gold GN	2304	<input type="checkbox"/> RA SS	CV19	<input type="checkbox"/> Covid-19 Antibody IgM SS
412	<input type="checkbox"/> C-Reactive Protein (CRP) SS	1043	<input type="checkbox"/> Rheumatoid Factor (RF) SS	450	<input type="checkbox"/> Rubella IgG SS	CV99	<input type="checkbox"/> Respiratory Panel (CV19/FluA & B) UTM/SW
T001	<input type="checkbox"/> Creatinine SS	307	<input type="checkbox"/> Sed Rate, Westergren SS	451	<input type="checkbox"/> Rubella (Qualitative) SS	CV33	<input type="checkbox"/> CV19 + FLU + RSV UTM/SW
501	<input type="checkbox"/> DHEA-S SS	1065	<input type="checkbox"/> Sodium SS		TOXICOLOGY	T571	<input type="checkbox"/> RSV UTM/SW
541	<input type="checkbox"/> Estradiol SS	457	<input type="checkbox"/> Testosterone Total SS	415	<input type="checkbox"/> Digoxin R		Clinical Information / Comments:
418	<input type="checkbox"/> Ferritin SS	591	<input type="checkbox"/> Testosterone Free SS	416	<input type="checkbox"/> Dilantin R		
197	<input type="checkbox"/> Folate SS	0.282	<input type="checkbox"/> Theophylline SS	0263	<input type="checkbox"/> Lithium R		
T558	<input type="checkbox"/> Folic Acid SS	2137	<input type="checkbox"/> T3 Free SS	0009	<input type="checkbox"/> Phenobarbital R		
		237	<input type="checkbox"/> T3 Total SS	416	<input type="checkbox"/> Phenytoin (Dilantin) R		
				0212	<input type="checkbox"/> Carbamazepine (Tegretol) R		

FOR LAB USE ONLY

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
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