PMH LABORATORY INC.

18249 Gothard St. #101,
Huntington Beach, CA 92648
Dr. Rahil Khan, M.D.
(562) 592-2890 Office • (909) 803-9790 Fax

Physician / Client Information

Clinic Name:
Address:
Phone:
Fax:

Patient Name: _____ Patient Chart # _____

Street: _____ DOB: _____ Age: _____

City: _____ Sex: Male   Female or Non-Binary

State: _____ Zip Code: _____ Responsible Party (if other than patient):

Phone: _____ Relation to Patient :

☐ Medi-Cal # _____

☐ Medicare # _____

Bill Type: ☐ Medi-Cal   ☐ Patient   ☐ Medicare
            ☐ Insurance   ☐ Cash

Date Collected: _____ Time Collected: _____ Specimen Type / Source: _____ Diagnosis Codes

☐ Fasting   Yes or No   Phlebotomist Initials:

☐ STAT   Yes or No   Referring Physician, PA, NP:

FAMILY PACT PROCEDURES (FEMALES):

☐ Z30.011
☐ Z30.016
☐ Z30.015
☐ 87389 HIV 1&2
☐ 86780 RPR
☐ 86593 RPR TITER (Reflex)

☐ Z30.41 Oral Contraception
☐ Z30.45 Patch
☐ Z30.44 Ring
☐ 87491 CHLAMYDIA
☐ 87591 GONORRHEA

Additional Tests:

Tubes Received:

☐ Z30.430
☐ 87389 HIV 1&2
☐ 86780 RPR
☐ 86593 RPR TITER (Reflex)

☐ Z30.431 IUD
☐ 87491 CHLAMYDIA
☐ 87591 GONORRHEA

☐ Z30.018
☐ 87389 HIV 1&2
☐ 86780 RPR
☐ 86593 RPR TITER (Reflex)

☐ Z30.49 Barrier/Fertility Awareness Method
☐ 87491 CHLAMYDIA
☐ 87591 GONORRHEA

FAMILY PACT PROCEDURES (MALES):

☐ Z30.018
☐ 87389 HIV 1&2
☐ 86780 RPR
☐ 86593 RPR TITER (Reflex)

☐ Z30.49 Barrier/Fertility Awareness Method
☐ 87491 CHLAMYDIA
☐ 87591 GONORRHEA

INDIVIDUAL TESTS:

☐ Z20.2   Contact with / exposure to STDs
☐ Z22.4   Carrier of STDs
☐ Z72.51 High Risk heterosexual behavior

☐ Z72.52   High Risk Homosexual Behavior
☐ Z34.00 1st Pregnancy Unsp.

INDIVIDUAL TESTS CONTINUED:

☐ Z72.53   High Risk Bisexual Behavior
☐ Z86.19   Retest 3 month post treatment CT / GC
☐ Z234.80 2nd Pregnancy Unsp.

☐ Z39.2   Post Partum Pregnancy

Lab Accession # :

Lab Receive Date :