



REVIEWED 07/02/18

BILL TO ACCOUNT #: 09343765 – Tampa

PATIENT LAST NAME:

*** required field**

PATIENT FIRST NAME:

*** required field**

DOB:

*** required field**

GENDER:

☐ MALE

☒ FEMALE

PATIENT ID:

Tampa PD

*** required field**

PATIENT PHONE NUMBER:

*** required field**

TEST CODES AND DESCRIPTIONS: ALL TEST CODES BELOW SHOULD BE COLLECTED FOR THIS PT:

- ✓ 005009 CBC With Differential/Platelet
- ✓ 322000 Comp Metabolic Panel (14)
- ✓ 235010 Lipid Panel with LDL/HDL Ratio
- ✓ 001453 Hemoglobin A1C
- ✓ 004259 Thyroid Stimulating Hormone
- ✓ 002303 Cancer Antigen (CA) 125
- ✓ 140659 Hepatitis C Antibody
- ✓ 182873 QuantiFERON TB Gold
- ✓ 998085 Venipuncture

▪ **TOTAL TEST(S) ORDERED: 9**

Electronically signed by Anthony Capasso, MD

NPI 1932105434

☒ FASTING

☐ NON-FASTING

COLLECTION DATE:

TIME:

