

PHYSICIAN ORDER

Patient Information	Name: _____ <small>Last First MI</small>				Physician Information	Referring Physician: REQUIRED _____ <small>Last Name First Name</small> <small>(If PA or NP, indicate supervising physician in parentheses)</small>	
	Sex M F	Date of Birth	Collection Date / Time / Initials	<input type="checkbox"/> STAT		<input type="checkbox"/> Send files with patient	Today's date: _____ Physician's signature: _____ CALL Report To: _____ FAX Report To: Peds Diabetes Program 231-0314 PAGE Report To: _____
	PHONE #: Home: _____ Work: _____					Diagnosis	Diagnosis/Signs/Symptoms in ICD-9 Format (Highest Specificity) REQUIRED <small>(Diagnosis must support medical necessity requirements.)</small>

LABORATORY

Frequently Ordered Panels	
<input type="checkbox"/> Basic Metabolic Panel GrGel <small>(Na, K, Cl, CO2, BUN, Creat, Glu, Tot Ca)</small> <input type="checkbox"/> Comprehensive Metabolic Panel GrGel <small>(Na, K, CL, CO2, BUN, Creat, Glu, Tot Ca, Alb, TBili, TP, Alk Phos, ALT, AST)</small> <input type="checkbox"/> Hepatic Function Panel GrGel <small>(Alb, TBili, DBili, TP, Alk Phos, ALT, AST)</small> <input type="checkbox"/> Acute Hepatitis Panel GrGel <small>(Hep A IgM, Hep B Core IgM, HBsAg, HCV)</small> <input checked="" type="checkbox"/> Lipid Panel GrGel <small>(Tot, HDL & LDL Chol, Trig)</small> <input type="checkbox"/> Electrolytes Panel GrGel <small>(Na, K, CL, CO2)</small>	<input type="checkbox"/> HCG, Quantitative** <input type="checkbox"/> HCG, Urine** <input type="checkbox"/> Hematocrit <input type="checkbox"/> Hemoglobin** <input type="checkbox"/> Hepatitis B Surface Antigen <input type="checkbox"/> HIV Antibody <input type="checkbox"/> Indirect Coombs <input type="checkbox"/> Iron** <input type="checkbox"/> Iron with TIBC** <input type="checkbox"/> Lyme Screen <input type="checkbox"/> Magnesium** <input type="checkbox"/> Mono Screen <input type="checkbox"/> Na/K** <input type="checkbox"/> Phosphorus <input type="checkbox"/> Platelet Count <input type="checkbox"/> Potassium** <input type="checkbox"/> Protein Electrophoresis, Serum <input type="checkbox"/> PSA** <input type="checkbox"/> PT (Pro Time)** <input type="checkbox"/> PTT** <input type="checkbox"/> Retic Count <input type="checkbox"/> Rheumatoid Factor** <input type="checkbox"/> Rocky Mtn Spotted Fever (RMSF) <input type="checkbox"/> RPR (Syphilis Screen)** <input type="checkbox"/> Rubella Screen <input type="checkbox"/> Sed Rate** <input type="checkbox"/> T4 (Total Thyroxine)** <input type="checkbox"/> T4 Free** <input type="checkbox"/> Triglycerides** <input type="checkbox"/> TSH** <input type="checkbox"/> Uric Acid <input type="checkbox"/> Urinalysis w/Microscopic** <input type="checkbox"/> Diabetes Diagnostic <small>(Fasting, 75gr, 2 Hr glu)**</small> <input type="checkbox"/> Other _____
Frequently Ordered Tests	
<input type="checkbox"/> ABO Group + Rh Type <input type="checkbox"/> ALT (SGPT) <input type="checkbox"/> Amylase <input type="checkbox"/> ANA <input type="checkbox"/> AST (SGOT) <input type="checkbox"/> Bilirubin, Direct <input type="checkbox"/> Bilirubin, Total <input type="checkbox"/> BUN <input type="checkbox"/> Calcium, Ionized** <input type="checkbox"/> CBC (no diff)** <input type="checkbox"/> CBC (with diff)** <input type="checkbox"/> CEA** <input type="checkbox"/> Cholesterol, Total** <input type="checkbox"/> Cortisol <input type="checkbox"/> Creatinine <input type="checkbox"/> Cross Match _____ units <input type="checkbox"/> Direct Coombs <input type="checkbox"/> Ferritin** <input type="checkbox"/> Folic Acid** <input checked="" type="checkbox"/> Glucose, Fasting** <input type="checkbox"/> Glucose, Random** <input type="checkbox"/> Glucose, 2 HR. PP** <input type="checkbox"/> Glyco-Hemoglobin (A1C)**	

WakeMed Raleigh Campus - Clinic 626

Phone: (919) 350-8238 Hours of Operation:
 Fax: (919) 350-0314 6am - 5:30pm Mon-Fri
 9am - 1pm Sat, Sun & Holidays

WakeMed Cary Hospital - Clinic 762

Phone: (919) 350-2370 Hours of Operation:
 Fax: (919) 350-2375 6am - 5:30pm Mon-Fri
 9am - 1pm Sat, Sun & Holidays

WakeMed North Healthplex - Clinic 737

Phone: (919) 350-1350 Hours of Operation:
 Fax: (919) 350-1355 8am - 4:30pm Mon-Fri
 Closed Sat, Sun & Holidays

WakeMed Apex Healthplex - Clinic 811

Phone: (919) 350-4325 Hours of Operation:
 Fax: (919) 363-3315 8am -5pm Mon-Fri
 Closed Sat, Sun & Holidays

WakeMed Clayton Medical Park - Clinic 855

Phone: (919) 350-4230 Hours of Operation:
 Fax: (919) 350-4239 8am - 4:30pm Mon-Fri
 Closed Sat, Sun & Holidays

WakeMed Brier Creek Medical Park - Clinic 911

Phone: (919) 350-0956 Hours of Operation:
 Fax: (919) 544-9571 8am - 5pm Mon-Fri
 Closed Sat, Sun & Holidays

Your child should not eat or drink anything except water for 8 hours before this appointment. On the day of the test, bring your insurance card and report to Patient Registration at the hospital.

Su Hijo o Hija no debe comer o beber nada excepto agua ocho horas antes de esta cita. En el dia del examen, traiga su tarjeta de seguro y vaya a registracion de pacientes en el hospital.