

886 MAIN STREET
PATERSON, NJ 07503
Tel: (201) 428-1162



AT HOME BLOOD DRAW

LAB ORDER

Fax: 201-991-8400
eFax: 551-236-2078

www.Bio-Vein.com

PROVIDER INFORMATION

PHYSICIAN: _____ PHONE: _____ FAX: _____
NPI: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PATIENT INFORMATION

LAST _____ M _____ FIRST _____ M F
D.O.B (MM/DD/YY) ____/____/____ SSN ____-____-____ PHONE () ____-____-____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____

INSURANCE

INSURED'S NAME (if different from patient) _____
PRIMARY INSURANCE NAME & PLAN _____ POLICY I.D.# _____
ADDRESS: (Insurance) _____

ICD-10 CODES/ DIAGNOSIS

STAMP:			

TEST

<input type="checkbox"/> CBC w/Diff	<input type="checkbox"/> Iron &TIBC	<input type="checkbox"/> BNP
<input type="checkbox"/> CMP	<input type="checkbox"/> Ferritin	<input type="checkbox"/> ESR
<input type="checkbox"/> Lipid Panel	<input type="checkbox"/> Uric Acid	<input type="checkbox"/> Lipase
<input type="checkbox"/> HgA1C	<input type="checkbox"/> Albumin	<input type="checkbox"/> Amylase
<input type="checkbox"/> TSH + FREE T4	<input type="checkbox"/> CRP - None Cardioc	<input type="checkbox"/> Homocysteine
<input type="checkbox"/> Vitamin D-25 Hydroxy	<input type="checkbox"/> PSA	<input type="checkbox"/> (ANA) Antinuclear Antibodies
<input type="checkbox"/> Vitamin B-12 / Folate	<input type="checkbox"/> Testosterone Free & Total	<input type="checkbox"/> PT/PTT (PT/INR)
<input type="checkbox"/> Magnesium	<input type="checkbox"/> Hepatic Function Panel	<input type="checkbox"/> Thyroid Profile
<input type="checkbox"/> Phosphorus	<input type="checkbox"/> Urinalysis	<input type="checkbox"/> Anemia Profile
<input type="checkbox"/> Potassium	<input type="checkbox"/> Urine Culture C&S	<input type="checkbox"/> Rheumatoid Factor

OTHER TEST: _____ **COVID-19 (PCR) SARS-CoV-2**

DATE TO BE COLLECTED: ____/____/____ TIME _____ STAT/24RH FASTING NON FASTING

REDRAW ORDER: DAILY WEEKLY MONTHLY OTHER

LENGTH OF SERVICE: One _____ Two _____ Three _____ Four _____ Five _____ Six _____ Seven _____ Eight _____

OTHER _____

PROVIDER SIGNATURE _____ **DATE** ____/____/20