



#10, Smith Road Plaza, Smith Road
 P.O. Box - 848, Grand Cayman KY1-1103.
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BILL TO:
 My account
 Patient

Patient Ph# _____ Patient ID# _____

PRINT PATIENT NAME (LAST, FIRST, MIDDLE)

OFFICE FILE # (IF APPLICIANCE)

DATE COLLECTED	TIME	<input type="checkbox"/> FASTING	Other
		<input type="checkbox"/> NON FASTING	

D.O.B: dd/mm/yy

M / F

VL KV FF SC GS BB BH JM KM PH RS EC SY ZL MH SD JA GM JK
 LC KM VH BR ZV MV SV KC ORTH GP CTMH, other

SYMPTOM OR COMPLAINT _____

Dr. Signature:

Fax Result to: _____

PLEASE NOTE ALL STAT REQUESTS WILL BE CHARGED \$30.00 EXTRA / ALL LOCAL FAXES \$2.00/ OVERSEAS FAXES \$10.00

<p>ORGAN DISEASE PANELS</p> <p><input type="checkbox"/> 80051 ELECTROLYTE PANEL (4) (Na, K, Cl, CO2)</p> <p><input type="checkbox"/> 80076 LIVER FUNTION PANEL (7) (Alb, T Bili, D-Bili, AP, AST, ALT, TP)</p> <p><input type="checkbox"/> 80048 BASIC METABOLIC PANEL (8) (Na, K, Cl, CO2, Glu, BUN, Cr)</p> <p><input type="checkbox"/> 80053 COMPLETE METABOLIC PANEL (14) (Na, K, Cl, CO2, Glu, BUN, Cr, Ca, TP, Alb, T-Bili, AP, AST, ALT)</p> <p><input type="checkbox"/> 80061 LIPID PANEL ((fasting Specimen) (TChol, Trig, HDL, calc LDL & VLDL)</p> <p><input type="checkbox"/> 80055 OBSTETRIC PANEL W/REPLEX Hb Elect or Sickle, RBS ABO/Rh, Antibody Ser RBC, HbsAg, Rubella IgG Ab CBC, RPR w/reflex titre, HIV</p> <p><input type="checkbox"/> 80074 HEPATITIS PANEL, ACUTE W/REFLEX (HbsAg w/reflex confirm, HC Ab, HA Ab IgM, HbcAB, IgM)</p> <p>HEMATOLOGY</p> <p><input type="checkbox"/> 85025 CBC (HEMOGRAM/PLT/DIFF)</p> <p><input type="checkbox"/> 85048 WBC</p> <p><input type="checkbox"/> 85018 HEMOGLOBIN</p> <p><input type="checkbox"/> 85014 HEMATOCRIT</p> <p><input type="checkbox"/> 85049 PLATELET COUNT</p> <p><input type="checkbox"/> 85610 PT WITH INR</p> <p><input type="checkbox"/> 85730 PTT, ACTIVATED</p> <p><input type="checkbox"/> 85651 ESR</p> <p><input type="checkbox"/> 86850 Antibody Sreen Indirect Coombs)</p> <p><input type="checkbox"/> 85886 Antibody Titre</p> <p><input type="checkbox"/> 86880 Direct Coombs</p> <p><input type="checkbox"/> 87207 Malaria Parasite</p> <p><input type="checkbox"/> 86900, 86901 ABO GROUP & RH TYPE</p>	<p><input type="checkbox"/> 82040 ALBUMIN (Alb)</p> <p><input type="checkbox"/> 84075 ALKALINE PHOSPHATASE (AP)</p> <p><input type="checkbox"/> 84460 ALT (SGPT)</p> <p><input type="checkbox"/> 82150 AMYLASE</p> <p><input type="checkbox"/> 86038 ANA</p> <p><input type="checkbox"/> 84450 AST (SGOT)</p> <p><input type="checkbox"/> 82248 BILIRUBIN, DIRECT (D Bili)</p> <p><input type="checkbox"/> 82247 BILIRUBIN, TOTAL (T Bili)</p> <p><input type="checkbox"/> 86304 CA 125</p> <p><input type="checkbox"/> 82310 CALCIUM (Ca)</p> <p><input type="checkbox"/> 82374 CARBON DIOXIDE (CO2)</p> <p><input type="checkbox"/> 86141 CARDIO CRP (High Sensitivity CRP)</p> <p><input type="checkbox"/> 82378 CEA</p> <p><input type="checkbox"/> 82465 CHOLESTEROL, TOTAL (T Chol)</p> <p><input type="checkbox"/> 86140 C-REACTIVE PROTEIN (CRP)</p> <p><input type="checkbox"/> 82565 CREATININE (Cr)</p> <p><input type="checkbox"/> 80165 DIGOXIN</p> <p><input type="checkbox"/> 82728 FERRITIN</p> <p><input type="checkbox"/> 82746 FOLIC ACID</p> <p><input type="checkbox"/> 83001 FSH</p> <p><input type="checkbox"/> 82977 GGT</p> <p><input type="checkbox"/> 82947 GLUCOSE, Fasting/Random</p> <p><input type="checkbox"/> 8295/52 GLUCOSE TOLERANCE 2HR/3HR/-</p> <p><input type="checkbox"/> 82950 GLUCOSE, 1 HR POST DOSE</p> <p><input type="checkbox"/> 84703 HCG, SERUM, QUAL</p> <p><input type="checkbox"/> 84702 HCG, SERUM, QUANT</p> <p><input type="checkbox"/> 83036 HEMOGLOBIN A1C</p> <p><input type="checkbox"/> 86709/708 HEP A IGM AB/HEP A TOTAL</p> <p><input type="checkbox"/> 86705 HEP B CORE IGM AB</p> <p><input type="checkbox"/> 86706 HEP B SURFACE AB QUAL</p> <p><input type="checkbox"/> 87340 HEP B SURFACE AG</p>	<p><input type="checkbox"/> 86803 HEP C VIRUS AB</p> <p><input type="checkbox"/> 86703 HIV 1&2 Ab.</p> <p><input type="checkbox"/> 83540 IRON (TOT), IBC, %SAT</p> <p><input type="checkbox"/> 83540 IRON TOTAL</p> <p><input type="checkbox"/> 83615 LDH</p> <p><input type="checkbox"/> 83655 LEAD</p> <p><input type="checkbox"/> 83002 LH</p> <p><input type="checkbox"/> 80178 LITHIUM</p> <p><input type="checkbox"/> 83735 MAGNESIUM</p> <p><input type="checkbox"/> 82270 OCC BLD, FECES</p> <p><input type="checkbox"/> 80185 PHENYTOIN (Dilantin)</p> <p><input type="checkbox"/> 84100 PHOSPHORUS</p> <p><input type="checkbox"/> 84132 POTASSIUM (K)</p> <p><input type="checkbox"/> 84144 PROGESTERONE</p> <p><input type="checkbox"/> 84146 PROLACTIN</p> <p><input type="checkbox"/> 84155 PROTEIN, TOTAL (TP)</p> <p><input type="checkbox"/> 84153 PSA-SERUM</p> <p><input type="checkbox"/> 86430 RHEUMATOID FACTOR (RA)</p> <p><input type="checkbox"/> 86592 RPR /VDRL W/REFLEX TO TITRE</p> <p><input type="checkbox"/> 86762 RUBELLA IGG AB</p> <p><input type="checkbox"/> 84403 TESTOSTERONE, TOTAL</p> <p><input type="checkbox"/> 84478 TRIGLYCERIDES (Trig)</p> <p><input type="checkbox"/> 84443 TSH</p> <p><input type="checkbox"/> 84480 T-3, TOTAL</p> <p><input type="checkbox"/> 84479 T-3, UPTAKE</p> <p><input type="checkbox"/> 84436 T4 [Thyroxine]</p> <p><input type="checkbox"/> 84439 T4 [Free]</p> <p><input type="checkbox"/> 84520 UREA NITROGEN (BUN)</p> <p><input type="checkbox"/> 84550 URIC ACID</p> <p><input type="checkbox"/> 80164 VALPOIC ACID (Depakene)</p> <p><input type="checkbox"/> 82607,82746 Vit.B12 /FOLATE</p>
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MICROBIOLOGY

81002 U/A [dipstik only] 87070/87184 **GENITAL C/S** Higher Vaginal Urethral Vaginal 87210 Wet Prep **STOOL:** 87045 C/S Salmonella & Shigella

81000 Urine Analysis 87070/87184 **Upper Respiratory C/S** Throat Ear Nose 87046 Campylobacter only

81015 Urine Micro Nasopharynx Sputum Eye 87205 Gram Stain Smear 87177 O/P 82270 Occult Blood

87086 URINE C/S **OTHER** _____ 87338 H/Pylori Antigen

PROFILES: Therapeutic Drug Levels Smac 23 Smac 12 G.O.L Cardiac Panel Urine drug screen 2 5 7 10 Panel Urine Micro Albumin

PSA Free% & Total Testosterone Free % & Total Herpes Screen Renal Function Thyroid Panel AMH Troponin CK-MB / Myoglobin FTA-AB

OTHER Cotinine Nicotine PAP (Conventional) PAP (Thin Prep) Vit. D 25 - OH (D2&D3) TPHA/TPPA Coagulation Studies Helicobacter Pylori Antibody

HIV Combo - AB & AG (Elisa) _____

XRAY CXR L. SPINE KUB C. SPINE T. SPINE HAND FOOT WRIST KNEE SKULL SINUSES

HIP PELVIS

OTHER _____