



Stone Wellness

Information highlighted in GREEN and a TEST ORDER is required

Client Name: _____ Provider: _____
 Account Number: _____ _____

1. Patient Demographics (attach a copy of patient demographics & insurance info.) Patient Medical Record Number: _____

Last Name: _____ First Name: _____ D.O.B.: _____ Gender: M F
 Patient Street Address: _____ City: _____ State: _____ Zip: _____
 Patient Phone Number: _____ Bill to: Commerical Medicare Medicaid Self-Pay Client Bill Workers Comp
 Insurance Co: _____ Insurance ID#: _____ Group #: _____
 Insurance Address: _____ City: _____ State: _____ Zip: _____
 ICD-10 Codes (ICD-10 Diagnosis codes are mandatory): _____

2. Specimen Collection Information Has the patient fasted for 8-12 hours? YES NO

Specimen Collector: _____ Date Collected: _____ Time Collected: _____ AM
 PM

Stone Wellness Orders

<input type="checkbox"/> 660100 - Basic Wellness Panel 2SST & 1LAV <input type="checkbox"/> 603000 - Basic Metabolic Panel^F <input type="checkbox"/> 603050 - BUN <input type="checkbox"/> 603090 - BUN/Creatinine Ratio <input type="checkbox"/> 603110 - Calcium <input type="checkbox"/> 603040 - Carbon Dioxide <input type="checkbox"/> 603030 - Chloride <input type="checkbox"/> 603060 - Creatinine <input type="checkbox"/> 603080 - eGFR (if African American) <input type="checkbox"/> 603070 - GFR (Creatinine Required) <input type="checkbox"/> 603100 - Glucose ^F <input type="checkbox"/> 603020 - Potassium <input type="checkbox"/> 603010 - Sodium <input type="checkbox"/> 660060 - Basic Cardio-Metabolic Panel <input type="checkbox"/> 605330 - hs-CRP <input type="checkbox"/> 660010 - Lipid Panel Plus^F <input type="checkbox"/> 603260 - Direct LDL ^F <input type="checkbox"/> 603250 - HDL ^F <input type="checkbox"/> 76160133 - Non-HDL <input type="checkbox"/> 603230 - Total Cholesterol ^F <input type="checkbox"/> 603240 - Triglycerides ^F <input type="checkbox"/> 660020 - Thyroid Panel <input type="checkbox"/> 605110 - Free T3 <input type="checkbox"/> 605120 - Free T4 <input type="checkbox"/> 605310 - Thyroid Uptake <input type="checkbox"/> 605280 - Total T3 <input type="checkbox"/> 605290 - Total T4 <input type="checkbox"/> 605270 - TSH <input type="checkbox"/> 660030 - Vitamin Panel <input type="checkbox"/> 605090 - Folate <input type="checkbox"/> 605020 - Vitamin B12 (Light Protected) <input type="checkbox"/> 605010 - Vitamin D (25-hydroxy) <input type="checkbox"/> 601000- CBC w/ Diff	<input type="checkbox"/> 660200 - Complete Wellness Panel 3 FULL SST & 1LAV <input type="checkbox"/> 603002 - Comprehensive Metabolic Panel^F <input type="checkbox"/> 603130 - Albumin <input type="checkbox"/> 603160 - Alkaline Phosphatase <input type="checkbox"/> 603180 - ALT / SGPT <input type="checkbox"/> 603170 - AST / SGOT <input type="checkbox"/> 603050 - BUN <input type="checkbox"/> 603090- BUN/Creatinine Ratio <input type="checkbox"/> 603110 - Calcium <input type="checkbox"/> 603040 - Carbon Dioxide <input type="checkbox"/> 603030 - Chloride <input type="checkbox"/> 603060 - Creatinine <input type="checkbox"/> 603080 - eGFR (if African American) <input type="checkbox"/> 603070 - GFR (Creatinine Required) <input type="checkbox"/> 603100 - Glucose ^F <input type="checkbox"/> 603020 - Potassium <input type="checkbox"/> 603010 - Sodium <input type="checkbox"/> 603140- Total Bilirubin <input type="checkbox"/> 603120 - Total Protein <input type="checkbox"/> 660040 - Add'l Comprehensive Metabolic Tests^F <input type="checkbox"/> 76160173 - C-Peptide <input type="checkbox"/> 603150 - Direct Bilirubin <input type="checkbox"/> 603190 - GGT <input type="checkbox"/> 605130 - Hemoglobin A1C <input type="checkbox"/> 76160183 - Insulin Level <input type="checkbox"/> 603220 - Uric Acid	<input type="checkbox"/> 660070 - Female Hormone Panel 1SST <input type="checkbox"/> 605050 - DHEAS <input type="checkbox"/> 605060 - Estradiol <input type="checkbox"/> 605100 - FSH <input type="checkbox"/> 605180 - LH <input type="checkbox"/> 605190 - Progesterone <input type="checkbox"/> 605200 - Prolactin <input type="checkbox"/> 605240 - Sex Hormone Binding Globulin <input type="checkbox"/> 605300 - Total Testosterone <input type="checkbox"/> 660080 - Male Hormone Panel 1SST <input type="checkbox"/> 605050 - DHEAS <input type="checkbox"/> 605060 - Estradiol <input type="checkbox"/> 605100 - FSH <input type="checkbox"/> 605180 - LH <input type="checkbox"/> 605190 - Progesterone <input type="checkbox"/> 605200 - Prolactin <input type="checkbox"/> 605210 - PSA <input type="checkbox"/> 605240 - Sex Hormone Binding Globulin <input type="checkbox"/> 605300 - Total Testosterone <input type="checkbox"/> Additional Tests: (include complete test name, order code and additional tube) _____ _____ _____ _____ _____
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Provider Signature Attestation: I am a licensed medical professional. I acknowledge that the test requested herein is medically necessary and the patient is eligible for the test. I attest that the documentation of medical necessity for tests ordered is documented in the patient's medical record, which will be made available upon request of performing laboratory and/or third-party payer. Note: Tests not ordered by the physician who is treating the beneficiary are not reimbursable. Order codes are updated but CPT Codes are not impacted.

Provider's Signature: _____ Date: _____

Stone Wellness

Requisition Form Details and Instructions:

All areas highlighted in **GREEN** and a **TEST ORDER** in section #3 must be completed for the specimen to be processed and result report released.

Fasting Guidelines: Please see the front of the requisition form for all tests that require fasting. Fasting will be indicated with a "F" next to the test.

Light Protected will be indicated with a "L" next to the test. See Stone Clinical Laboratories Client Services Reference Manual for detailed instructions on collection and shipping of samples. Please call Client Services with any questions.

All samples to be shipped on ice.

DIAGNOSIS CODES REQUIRED

Please check all that apply. Write any additional codes in the space provided in this section. The following commonly used diagnosis codes are listed as a convenience only. Ordering physicians should use ICD-10 codes that best describe the reason for performing the tests, whether or not that code is listed below.

COMMONLY SELECTED CODES:

Z00.00 - Lab Exam, General Medical Exam/Wellness Adult Exam	D50.9 - Iron Deficiency, Unspecified
I25.10 - Atherosclerotic heart disease without angina	Z79.891 - Long-Term Use of Opioid Analgesic
I51.9 - Cardiovascular disease, Unspecified	E88.81 - Metabolic Syndrome
E11.9 - Diabetes II, Uncomplicated	R35.1 - Nocturia
E78.9 - Disorder of Metabolism, Unspecified	E63.9 - Nutritional deficiency
N42.9 - Disorder of Prostate, Unspecified	E66.9 - Obesity, Unspecified
E07.9 - Disorder of Thyroid, Unspecified	E23.6 - Other Disorders of Pituitary Gland
Z01.31 - Encounter for Examination of Blood Pressure With Abnormal Findings	R53.83 - Other Fatigue
Z01.30 - Encounter for Examination of Blood Pressure Without Abnormal Findings	R53.81 - Other Malaise
Z13.21 - Encounter for Screening for Nutritional Disorders	Z12.5 - Screen for Prostate Neoplasm
Z13.223 - Encounter for Screening for Other Metabolic Disorders	E55.9 - Vitamin D Deficiency, Unspecified
Z13.29 - Encounter for Screening for Other Suspected Endocrine Disorder	E56.9 - Vitamin Deficiency, Unspecified
E34.9 - Hormone/Endocrine Disorder, Unspecified	R53.1 - Weakness
E78.0 - Hypercholesterolemia	
E78.5 - Hyperlipidemia, Unspecified	
I10 - Hypertension, Unspecified	
E03.9 - Hypothyroidism	
D48.9 - Immunodeficiency, Unspecified	

Codes Not Listed? Enter here:

ADDITIONAL CODES:

M12.9 - Arthropathy, Unspecified	M79.609 - Pain in Limb
G89.4 - Chronic Pain Syndrome	M25.569 - Pain, Knee
G89.29 - Other Chronic Pain	N41.9 - Prostatitis
R68.82 - Decreased Libido	R97.2 - PSA, Elevated
E10.9 - Diabetes I, Uncomplicated	M06.9 - Rheumatoid Arthritis
N92.0 - Excessive / Frequent Menstruation	E06.0 - Thyroiditis, Acute
M79.7 - Fibromyalgia	E06.3 - Thyroiditis, Chronic
R51 - Headache	
N95.9 - Menopausal Disorders	
M19.90 - Osteoarthritis, Unspecified	
M19.079 - Osteoarthritis, Ankle / Foot	
M19.49 - Osteoarthritis, Hand	
M16.10 - Osteoarthritis, Hip	
M17.10 - Osteoarthritis, Knee	
M19.019 - Osteoarthritis, Shoulder	

Codes Not Listed? Enter here:

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