

Dr. Joseph P. McConnell, Laboratory Director
CLIA No. 4901100708 | CAP No. 7224971 | NPI No. 1629209853

INSTRUCTIONS

- 1) Please fill in all of the yellow highlighted areas including the diagnosis code section at the very bottom of this requisition.
2) Have the patient sign the Release and Assignment of Benefits section below.
3) HDL, Inc. will accept an In-House Demographic Sheet as substitute for Patient Information, provided it contains all required information.

LAST _____
FIRST _____
0002442-0168002
LAST _____
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0002442-0168002

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FIRST _____
0002442-0168002
LAST _____
FIRST _____
0002442-0168002

PATIENT INFORMATION

Last Name: First: Middle Initial:
Patient Street Address: Address 2:
City: State: Zip Code:
Cell/Home Phone: Work Phone:
Email Address:
Sex: Date of Birth: Height: Weight:
Social Security #: Client Patient ID #:

REQUESTING PROVIDER/LAB/INSTITUTION

P. Attia
Dr. Peter Attia
4487 Philbrook Square
San Diego, CA 92130
Client ID:
Phone: V.5.5

Physician or Authorized Signature: Date: 6/15/15

CUSTOM PANELS

Drawing Lab: Phone:
Collection Date: Time: Fasting: Yes No
Phlebotomist's Initials: Insulin: time of last dose: am/pm date:

Table with 4 columns: Lipid Panel, CBC, CMP, Estradiol, Micro-albumin, etc. listing various tests and their codes.

BILLING INFORMATION

INSURANCE: Please attach a copy of BOTH sides of patient's insurance card.
Medicare Number:
SELF PAY: HDL, Inc. will bill the patient.

RELEASE AND ASSIGNMENT OF BENEFITS

As a courtesy, HDL, Inc. will make every reasonable effort to obtain reimbursement for ordered tests. I authorize HDL, Inc. to release to Medicare, its carriers, and any insurance carrier or health plan providing medical benefits to me, any information that may be needed for claim purposes.

Patient Signature: Date:

Individual Tests

Table listing individual tests such as Lipoprotein Particles & Apolipoproteins, Myocardial Stress, Genetic Assays, Metabolic, Cancer Markers, Thyroid Function, Inflammation & Platelets.

Routine Panels

(see reverse side for details)

Table listing routine panels such as Basic Metabolic Panel, Comp Metabolic Panel, Complete Blood Count w/differential, etc. with associated codes.

DIAGNOSIS CODE(S) REQUIRED: PLEASE CHECK ALL CODES THAT APPLY. WRITE ADDITIONAL CODES IN THE YELLOW HIGHLIGHTED SECTION AT THE BOTTOM OF THIS FORM. The codes below are listed as a convenience. This is not an all-inclusive list.

Large table of diagnosis codes categorized by system: CARDIOVASCULAR, ENDOCRINE, NUTRITION, METABOLIC, BLOOD DISORDERS, GENITOURINARY, etc.