

Lake Forest Hospital

Laboratory Services Standing Order Form

Laboratory Services 1000 North Westmoreland Road Main Entrance Lake Forest, Illinois 60045

847.535.8000 office 847.535.8001 fax

nm.org

Thank you for referring your patient for Laboratory Services at Northwestern Medicine Lake Forest Hospital.

Appointments are preferred to reduce wait times, walk-ins are welcome for most tests. Patients should enter the Main Entrance to the Registration Department before their appointment. You will be given a scheduled time for the test when you arrive at Registration.

Note: Standing orders will expire 12 months from the date issued unless otherwise specified on requisition. For questions or any further information, please call Laboratory Services at 847.535.6119.

In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite your request.

☐ STAT	CALL STAT ONLY RESUL	тѕ то:	TEST NAME		
	FAX RESULTS TO:		☐ Basic Metabolic Profile	□ Iron	
			☐ Bilirubin, Adult Total	☐ Iron & TIBC	
PATIENT INFORMATION			☐ Bili, Neonatal Total	☐ LDH	
MILIN	THEN I INFORMATION		☐ Bili, Neo.Direct/Total	☐ Magnesium	
			☐ BNP	☐ Phenobarbitol	
Last Name		First Name	□ BUN	☐ Potassium	
			☐ Calcium	☐ Rapamycin	
Date of Bir	th	Gender	☐ Carbamazepine (Tegretol)	☐ PT (venipuncture)	
Home Phor	ne Number	Work/Cell Phone Number	☐ CBC diff	☐ PT (capillary/finger)	
			☐ CBC Manual diff	□ PTT	
Test Freque	ncy	Expiration Date	☐ Cardio hsCRP	☐ Reticulocyte count	
			☐ Comprehensive Metabolic	☐ SED Rate	
			☐ Coronary Risk Lipids (fasting)	□ *Semen, Post Vas.	
PHYSICIAN INFORMATION			☐ Creatinine	□ #1 □ #2	
			☐ Digoxin	□ SGPT (ALT)	
Referring P	ractitioner Last Name	First Name	☐ Dilantin	□ SGOT (AST)	
			☐ Electrolytes, Serum	☐ T3 Total	
NPI #		Practitioner's Fax Number	☐ Ferritin, Serum	☐ T4, Free	
	1.6		☐ Folate, Serum	□ TSH	
Practitionei	's Signature	Date	☐ FK506, Tacro, Prograf	☐ Transferrin	
			□ GGTP	☐ Valproic/Depakote	
SIGNS AND SYMPTOMS/DIAGNOSIS/ICD CODE(S)			☐ Glucose, Serum	□ Vitamin B12	
510115	7 (17) 3 7 17 11 1 0 17 13 1	511 (G1(G3)3/162 CG2(G)	☐ Glycohemoglobin, A1C	☐ Other:	
		the same order form, please indicate	☐ HCG Beta Quant.		
a sign, sy	mptom, diagnosis or ICI Iclude a "rule-out" diag	D Code(s) for each test/treatment.	☐ Hepatic Function Panel	_	

FORM #5030510

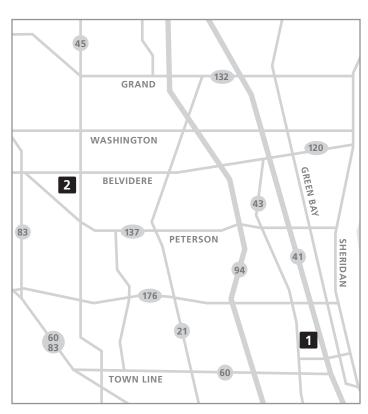
NOTE: Tests in **bold** require medical necessity verification and supporting diagnosis.



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main telephone	847.234.5600	website	nm.org
patient scheduling	847.535.8000	physician referral	847.535.6171

1 Lake Forest Hospital

1000 North Westmoreland Road Main Entrance Lake Forest, Illinois 60045

Laboratory Services 847.535.6119 tel

Scheduling 847.535.8000 tel 847.535.8001 fax

2 Grayslake Outpatient Center

1475 East Belvidere Road (Route 120) Grayslake, Illinois 60030

Laboratory Services 847.535.6119 tel

Scheduling 847.535.8000 tel 847.535.8001 fax