

Woman2Woman OBGYN
Account # 405091
 151 North Eagle Creek Drive, Suite 320
 Lexington, Kentucky 40509
 Phone: 859-523-2526



Ordering Physician:

- Steele, MD Fields, APRN
 Maynard, CNM Richardson APRN
 Spalding APRN

INTENDED TO SUBMIT
 WITH ELECTRONIC ORDER

Date	Patient Name	Date of Birth
Type of Billing <input type="checkbox"/> Patient Insurance <input type="checkbox"/> Patient Self Pay <input type="checkbox"/> Client Bill <small>(Attached copy of front & back of insurance card) (PG bills patient directly) (PG bills Woman2Woman ObGyn)</small>		

Diagnosis Codes 732-01

CUSTOM PANELS

<input type="checkbox"/> Obstetric Panel with Sickle Cell ANTIBODY SCREEN (ABSC) CBC W/DIFF (CBCWD) HEP B. SUF AG (HBSAL) TSH (TSH) ABO/RH BLOOD TYPE (ABO, RH) VIT B12 (B12) HEMOGLOBIN FRACTIONATION (HGBEVR1) 25OH, VITAMIN D (VD25H) CMV AB IGG/IGM (CMVAB) VARICELLA ZOS IGG (VZG) RUBELLA IGG (RUBEL) PARVOVIRUS B19, IGG/IGM (PB19A) HIV AG/AB (HIVL) TREPONEMA AB (RPR) HCG (HCGT) HSV 2 IGG (H2GL) ICD CODE: <input type="checkbox"/> Z34.90 <input type="checkbox"/> Z34.00 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> STD Panel ICD CODE: <input type="checkbox"/> Z11.3 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Fatigue Panel T4 (THYROXINE) (T4) THYROXINE, FREE (FT4) TSH (TSH) LYME DISEASE ANTIBODY, SERUM (BBGMR) ANTINUCLEAR AB. (ANA) W/REFLEX (ANAX5) EBV CAPSID AB, IGM (EBVM) EBV, EARLY ANTIGEN AB (EBEA) CBC W/ DIFF, PLATELETS (CBCWD) C-REACTIVE PROTEIN HIGH SENSITIVITY (CRPH) HEMOGLOBIN A1C (HA1C) VITAMIN B12 (B12) 25OH, VITAMIN D (VD25H) RHEUMATOID TITER (RF) DHEA SULFATE (DHS) ANTINUCLEAR AB SCREEN, REF ANA IFA (ANART) FOLATE, SERUM (FOLAT) ICD CODE: <input type="checkbox"/> R53.83 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Preeclampsia Panel BUN (BUN) CBC WITH DIFF (CBCWD) LD (LDH) PROTEIN, 24HR. URINE (UTP24) URIC ACID (URIC) COMP. METABOLIC (CMP) ICD CODE: <input type="checkbox"/> O13.9 <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Polycystic Ovarian Syndrome Panel ICD CODE: <input type="checkbox"/> N92.6 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> General Health Panel LIPID PANEL (LIPID) CBC W/DIFF (CBCWD) HEMOGLOBIN A1C (HA1C) TSH (TSH) 25OH, VITAMIN D (VD25H) COMP. METABOLIC (CMP) ICD CODE: <input type="checkbox"/> Z10.419 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Menopause Panel FSH (FSH) TSH (TSH) DHEA SULFATE (DHS) ESTRADIOL (ESTRA) ICD CODE: <input type="checkbox"/> N95.1 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Miscarriage Panel ICD CODE: <input type="checkbox"/> N96 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> TSH Profile <input type="checkbox"/> Iron Panel ICD CODE: <input type="checkbox"/> N92.0 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> 1 HR GTT CBC W/DIFF (CBCWD) GLU.1HR (GLUCOLA PREG. (GLPG)) ICD CODE: <input type="checkbox"/> Z34.93 <input type="checkbox"/> Z34.00 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> 1 HR GTT w/ Abo ANTIBODY SCREEN (ABSC) CBC WITH DIFF (CBCWD) GLU.1HR (GLUCOLA)PREG. (GLPG) ICD CODE: <input type="checkbox"/> Z34.93 <input type="checkbox"/> Z34.00 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> 3HR GTT GLUCOSE TOLERANCE 3 HRS (GEST3) ICD CODE: <input type="checkbox"/> O99.810 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> Abdominal Pain Panel ICD CODE: <input type="checkbox"/> R10.2 <input type="checkbox"/> OTHER: _____	<input type="checkbox"/> Ovarian CYST Panel AFP BY IHC HCG LDH INHIBIN A VALUE (IAV) INHIBIN B (INHB) ESTRADIOL (ESTRA) CARCINOEMBRYONIC ANTIGEN (CEA) CA125 BY IHC ICD CODE: <input type="checkbox"/> N83.201 <input type="checkbox"/> N83.202 <input type="checkbox"/> OTHER: _____ <input type="checkbox"/> VON WILLENBRAND PANEL ICD CODE: <input type="checkbox"/> OTHER: _____ <u>Additional Tests</u> <input type="checkbox"/> CBC w/Diff (CBCWD) <input type="checkbox"/> Progesterone (PROGE) <input type="checkbox"/> CA-125 (C125L) <input type="checkbox"/> 25OH, Vitamin D (VD25H) <input checked="" type="checkbox"/> HCG quant (HCGT) <input type="checkbox"/> CMP (CMP) <input type="checkbox"/> FSH (FSH) <input type="checkbox"/> Fasting Glucose (FBS) <input type="checkbox"/> Fasting Insulin (INSUF) <input type="checkbox"/> Hemoglobin A1C (HA1C) <input type="checkbox"/> Prolactin (PROLA) <input type="checkbox"/> USDC <input type="checkbox"/> proBrain Natriuretic Peptide (BNP) <u>Miscellaneous Testing</u> <input type="checkbox"/> KY Allergy Profile (JUNKG) <input type="checkbox"/> Food Allergy Panel (FOODA) <input type="checkbox"/> Inherited Cancer (Comp) Counsyl OTHER TESTING:
---	---	---