

Same Day Lab Order (enter labs in Athena and send this with pt to reception)

Patient Name: _____

Provider: _____

DOB: _____

Date: _____

<input checked="" type="checkbox"/>	Lab Name	<input checked="" type="checkbox"/>	Lab Name	<input checked="" type="checkbox"/>	OTHER Labs:
<input type="checkbox"/>	BMP	<input type="checkbox"/>	MAGNESIUM, RBC	<input type="checkbox"/>	
<input type="checkbox"/>	CBC	<input type="checkbox"/>	PROGESTERONE	<input type="checkbox"/>	
<input type="checkbox"/>	CMP	<input type="checkbox"/>	PSA	<input type="checkbox"/>	
<input type="checkbox"/>	CORTISOL, AM	<input type="checkbox"/>	T3, FREE	<input type="checkbox"/>	
<input type="checkbox"/>	CRP	<input type="checkbox"/>	T4, FREE	<input type="checkbox"/>	
<input type="checkbox"/>	DHEA-SULFATE	<input type="checkbox"/>	TESTOSTERONE, FREE + TOTAL	<input type="checkbox"/>	
<input type="checkbox"/>	ESR	<input type="checkbox"/>	THYROID PEROXIDASE (TPO) AB	<input type="checkbox"/>	
<input type="checkbox"/>	ESTRADIOL	<input type="checkbox"/>	TSH + FREE T4	<input type="checkbox"/>	
<input type="checkbox"/>	FERRITIN	<input type="checkbox"/>	TSH	<input type="checkbox"/>	
<input type="checkbox"/>	HBA1C	<input type="checkbox"/>	VITAMIN B12 + FOLATE	<input type="checkbox"/>	
<input type="checkbox"/>	INSULIN	<input type="checkbox"/>	VITAMIN B12	<input type="checkbox"/>	
<input type="checkbox"/>	LIPID PANEL W/ DIRECT LDL	<input type="checkbox"/>	VITAMIN D, 25-HYDROXY	<input type="checkbox"/>	

Diagnosis Code(s):

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