



# PREMIER MEDICAL LABORATORY

**FAST, ACCURATE, CONVENIENT, RELIABLE**

35-37 PROGRESS STREET, STE B-6, EDISON, NJ 08820  
TOLL-FREE: 888-231-6821

## HOME DRAW REQUEST FORM

**FAX TO: (908)845-8295**

### Patient Demographics

Please fill-out or attach demos & always send a copy of the insurance card & the order

Date: \_\_\_\_\_

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Primary/Secondary Insurance: \_\_\_\_\_

Policy IDs: \_\_\_\_\_

### Ordering Physician Information or Stamp

Practice Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

NPI#: \_\_\_\_\_

Panels / Profiles	Tests	Tests	
<input type="checkbox"/> 1001 <b>CMP</b>	<input type="checkbox"/> 53 <b>ANA</b>	<input type="checkbox"/> 135 <b>HGBA1C</b>	DIAGNOSIS (ICD)
<input type="checkbox"/> 67 <b>BMP</b>	<input type="checkbox"/> 1648 <b>BNP</b>	<input type="checkbox"/> 373 <b>Iron/TIBC</b>	1) _____
<input type="checkbox"/> 31 <b>Lipid Profile</b>	<input type="checkbox"/> 432 <b>CBC</b>	<input type="checkbox"/> 2806 <b>PSA Free/Total</b>	2) _____
<input type="checkbox"/> 68 <b>Hepatic Panel</b>	<input type="checkbox"/> 94 <b>CEA</b>	<input type="checkbox"/> 174 <b>PT/INR</b>	3) _____
<input type="checkbox"/> 15 <b>Electrolytes</b>	<input type="checkbox"/> 132 <b>Digoxin</b>	<input type="checkbox"/> 2831 <b>T3 Uptake</b>	4) _____
<input type="checkbox"/> 302 <b>Thyroid Panel</b>	<input type="checkbox"/> 159 <b>Ferritin</b>	<input type="checkbox"/> 884 <b>TSH</b>	5) _____
<input type="checkbox"/> 444 <b>Anemia Profile</b>	<input type="checkbox"/> 137 <b>Fructosamine</b>	<input type="checkbox"/> 895 <b>Vit D 25</b>	6) _____
<input type="checkbox"/> 2045 <b>Hepatitis Panel</b>	<input type="checkbox"/> 168 <b>Glucose</b>	<input type="checkbox"/> 718 <b>Vit B12 &amp; Folate</b>	7) _____
	<input type="checkbox"/> 2009 <b>CRP (cardiac)</b>	<input type="checkbox"/> 1240 <b>Uric Acid</b>	8) _____
	<input type="checkbox"/>	<input type="checkbox"/> 10000 <b>Urinalysis</b>	
	<input type="checkbox"/>	<input type="checkbox"/> 10009 <b>UTI by PCR</b>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**Fasting: YES / NO**

**Standing Order: Start: \_\_\_/\_\_\_/\_\_\_ End: \_\_\_/\_\_\_/\_\_\_ Every \_\_\_\_\_ Weeks / Month**