



PREMIER MEDICAL LABORATORY

FAST, ACCURATE, CONVENIENT, RELIABLE

35-37 PROGRESS STREET, STE B-6, EDISON, NJ 08820
TOLL-FREE: 888-231-6821 FAX: 908-754-4301

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

Fasting: YES / NO

Standing Order: Start: ___/___/___ End: ___/___/___ Every _____ Weeks / Month