



Outpatient Laboratory Order

212 Willie Ray Dr. Cabot, AR 72023 • Phone: (501) 333-9110 • Fax: (501) 333-9120

Required Information

Name: _____ Date of Birth: ____/____/____ Weight: _____ lb / kg

Insurance: _____ Pre-Auth#/Date Range: _____

Ordering Physician: _____ Phone: _____

Physician Signature: _____ NPI #: _____ Date: _____

Clinical Reason for Exam (ICD 10 codes): _____ CPT Code(s): _____

Physician Preference for Results: ☐ Routine ☐ Urgent ☐ STAT Fax: _____

Notes: _____

Hematology	Cardiac	Chemistry Panels (Cont.)
<input type="checkbox"/> CBC <input type="checkbox"/> INR (Coumadin Patients Only)	<input type="checkbox"/> BNP (Basic Natriuretic Peptide) <input type="checkbox"/> Cardiac Panel CKMB & Troponin <input type="checkbox"/> D-Dimer	<input type="checkbox"/> Lipid Panel Total Cholesterol, HDL, Triglycerides, LDL, Total Cholesterol/HDL Ratio, VLDL <input type="checkbox"/> Amylase <input type="checkbox"/> Creatine Kinase <input type="checkbox"/> Lactate <input type="checkbox"/> Magnesium <input type="checkbox"/> Phosphorus <input type="checkbox"/> Uric Acid
Urine Tests	Chemistry Test	
<input type="checkbox"/> Urinalysis - Routine (UA) <input type="checkbox"/> Urinalysis - Culture (UAC) <input type="checkbox"/> Urine Pregnancy	<input type="checkbox"/> Glucose ○ Fasting ○ Random	
Rapid Tests	Chemistry Panels	Notes / Other
<input type="checkbox"/> Influenza A/B Screening <input type="checkbox"/> Mononucleosis Test <input type="checkbox"/> RSV <input type="checkbox"/> Strep A <input type="checkbox"/> COVID-19 Antigen <input type="checkbox"/> COVID-19 PCR <input type="checkbox"/> COVID-19 Antibody <input type="checkbox"/> Respiratory Panel Flu / RSV / COVID-19 PCR	<input type="checkbox"/> BMP (Basic Metabolic Panel) BUN, Creatinine, Calcium, CO ₂ , Chloride, Glucose, Potassium, Sodium <input type="checkbox"/> CMP (Complete Metabolic Panel) Albumin, Alk phos, ALT, AST, BUN, Creatinine, Calcium, CO ₂ , Chloride, Glucose, Potassium, Sodium, Total Bilirubin, Total Protein <input type="checkbox"/> Liver Panel Albumin, Alk phos, ALT, AST, Amylase, Total Bilirubin, Total Protein <input type="checkbox"/> Newborn Bilirubin Direct & Total Bilirubin	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

This form must be completed, signed by a physician, and presented to the Cabot Emergency Hospital registration desk prior to any test being performed. Thank you!

Precertification Checklist

(Please do not complete this section)

☐ Copy of Insurance Card (front & back) ☐ Most Recent H&P ☐ Ordering Physician's NPI ☐ Patient Demographics

Appointment Date & Time: _____

Prep Instructions Given: ☐ Yes (Specify): _____ ☐ No ☐ N/A