

ARKANSAS MEDICAID EXTENSION OF BENEFITS LABORATORY/PATHOLOGY REFERRAL FORM

Today's Date _____

Name of Patient

D.O.B.

Medicaid ID#

Reason for Test (Please provide a brief description supporting the reason for ordering the requested testing)

Referring/Ordering Physician's Name (Please PRINT)

Referring/Ordering Physician's Medicaid/NPI #

Referring/Ordering Physician's Signature

Date of Signature

Primary Care Physician's Name (Please PRINT)

PCP Medicaid/NPI #

Panels

- | | | |
|---|--|--|
| <input type="checkbox"/> GHP | <input type="checkbox"/> ESR | <input type="checkbox"/> SGPT |
| <input type="checkbox"/> BMP | <input type="checkbox"/> Ferritin | <input type="checkbox"/> Sodium |
| <input type="checkbox"/> CMP | <input type="checkbox"/> Flu | <input type="checkbox"/> Strep |
| <input type="checkbox"/> CBC | <input type="checkbox"/> Folate | <input type="checkbox"/> Testosterone <input type="checkbox"/> Total <input type="checkbox"/> Free |
| <input type="checkbox"/> Lipids | <input type="checkbox"/> Glucose | <input type="checkbox"/> Thiamine |
| <input type="checkbox"/> Electrolyte Panel | <input type="checkbox"/> H&H | <input type="checkbox"/> Triglycerides |
| <input type="checkbox"/> Renal Panel | <input type="checkbox"/> hCG | <input type="checkbox"/> Troponin |
| <input type="checkbox"/> Hepatitis Panel | <input type="checkbox"/> Hgb A1C | <input type="checkbox"/> TSH |
| <input type="checkbox"/> Hepatic Panel | <input type="checkbox"/> H. Pylori | <input type="checkbox"/> T3 _____ |
| | <input type="checkbox"/> Iron | <input type="checkbox"/> T4 _____ |
| <input type="checkbox"/> ABG | <input type="checkbox"/> TIBC | <input type="checkbox"/> UA |
| <input type="checkbox"/> Albumin | <input type="checkbox"/> Lactate (lactic acid) | <input type="checkbox"/> UA C&S |
| <input type="checkbox"/> Ammonia | <input type="checkbox"/> LDL | <input type="checkbox"/> Uric Acid |
| <input type="checkbox"/> Amylase | <input type="checkbox"/> Lipase | <input type="checkbox"/> Vit D; 25 |
| <input type="checkbox"/> ANA | <input type="checkbox"/> Lipoprotein HDL | |
| <input type="checkbox"/> B12 | <input type="checkbox"/> Lipoprotein LDL | <input type="checkbox"/> Culture: (specify) _____ |
| <input type="checkbox"/> Bilirubin; <input type="checkbox"/> Total <input type="checkbox"/> Free | <input type="checkbox"/> Magnesium | _____ |
| <input type="checkbox"/> BUN | <input type="checkbox"/> Microalbumin | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Calcium; <input type="checkbox"/> Total <input type="checkbox"/> Ionized | <input type="checkbox"/> Natriuretic peptide (BNP) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Carbon Dioxide | <input type="checkbox"/> Phosphorus | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chloride | <input type="checkbox"/> Potassium | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cholesterol | <input type="checkbox"/> Progesterone | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CK | <input type="checkbox"/> Protein; <input type="checkbox"/> Total <input type="checkbox"/> Free | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CK MB | <input type="checkbox"/> PSA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Cortisol; <input type="checkbox"/> Total <input type="checkbox"/> Free | <input type="checkbox"/> PTH | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Creatinine | <input type="checkbox"/> PT | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CCP | <input type="checkbox"/> PTT | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> CRP | <input type="checkbox"/> Rheumatoid Factor | |
| <input type="checkbox"/> D-Dimer | <input type="checkbox"/> SGOT | |