

87 Berdan Ave #2A, Wayne NJ 07470  
 Phone: (973) 832-7902, Fax: (973) 832-7980

Rev 1.11e

<b>PATIENT:</b> Last Name: _____ Fasting: <input type="checkbox"/> Yes <input type="checkbox"/> No First Name: _____ DOB: _____ Gender: ____ Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Email: _____ Insurance Name: _____ Insurance ID: _____ GRP #: _____	<b>ORDERING PROVIDER:</b> Practice Name: _____ NPI: _____ Provider Name: _____ Mailing Address: _____ City: _____ State: _____ ZIP: _____ Phone: _____ Fax: _____ Provider Signature: _____ Date: _____
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<b>MICRONUTRIENT TESTS PANEL</b>	<b>DIAGNOSIS</b>
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><input type="checkbox"/> CHROMIUM</td> <td style="width: 20%; text-align: right;">(R.BL EDTA) 82495</td> </tr> <tr> <td><input type="checkbox"/> COENZYME Q10, total</td> <td style="text-align: right;">(SST) 82542</td> </tr> <tr> <td><input type="checkbox"/> COPPER RBC</td> <td style="text-align: right;">(R.BL EDTA) 82525</td> </tr> <tr> <td><input type="checkbox"/> FERRITIN</td> <td style="text-align: right;">(RED / SST) 82728</td> </tr> <tr> <td><input type="checkbox"/> HEAVY METAL PANEL</td> <td style="text-align: right;">(R.BL EDTA)</td> </tr> <tr> <td style="padding-left: 40px;">ARSENIC</td> <td style="text-align: right;">82175</td> </tr> <tr> <td style="padding-left: 40px;">LEAD</td> <td style="text-align: right;">83655</td> </tr> <tr> <td style="padding-left: 40px;">MERCURY</td> <td style="text-align: right;">83825</td> </tr> <tr> <td><input type="checkbox"/> IODINE</td> <td style="text-align: right;">(R.BL EDTA) 83789</td> </tr> <tr> <td><input type="checkbox"/> MAGNESIUM RBC</td> <td style="text-align: right;">(R.BL EDTA) 83735</td> </tr> <tr> <td><input type="checkbox"/> SELENIUM</td> <td style="text-align: right;">(R.BL EDTA) 84255</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN A</td> <td style="text-align: right;">(GN) 84590</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN B1 (THIAMINE)</td> <td style="text-align: right;">(GN) 84425</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN B2 (RIBOFLAVIN)</td> <td style="text-align: right;">(GN) 84252</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN B6</td> <td style="text-align: right;">(GN) 84207</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN B9 (FOLATE)</td> <td style="text-align: right;">(RED / SST) 82746</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN B12</td> <td style="text-align: right;">(SST) 82607</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN C, HPLC, PLASMA</td> <td style="text-align: right;">(GN) 82180</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN D 25 HYDROXY</td> <td style="text-align: right;">(SST) 82306</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN E</td> <td style="text-align: right;">(GN) 84446</td> </tr> <tr> <td><input type="checkbox"/> VITAMIN K1</td> <td style="text-align: right;">(GN) 84597</td> </tr> <tr> <td><input type="checkbox"/> ZINC RBC</td> <td style="text-align: right;">(R.BL EDTA) 84630</td> </tr> </table>	<input type="checkbox"/> CHROMIUM	(R.BL EDTA) 82495	<input type="checkbox"/> COENZYME Q10, total	(SST) 82542	<input type="checkbox"/> COPPER RBC	(R.BL EDTA) 82525	<input type="checkbox"/> FERRITIN	(RED / SST) 82728	<input type="checkbox"/> HEAVY METAL PANEL	(R.BL EDTA)	ARSENIC	82175	LEAD	83655	MERCURY	83825	<input type="checkbox"/> IODINE	(R.BL EDTA) 83789	<input type="checkbox"/> MAGNESIUM RBC	(R.BL EDTA) 83735	<input type="checkbox"/> SELENIUM	(R.BL EDTA) 84255	<input type="checkbox"/> VITAMIN A	(GN) 84590	<input type="checkbox"/> VITAMIN B1 (THIAMINE)	(GN) 84425	<input type="checkbox"/> VITAMIN B2 (RIBOFLAVIN)	(GN) 84252	<input type="checkbox"/> VITAMIN B6	(GN) 84207	<input type="checkbox"/> VITAMIN B9 (FOLATE)	(RED / SST) 82746	<input type="checkbox"/> VITAMIN B12	(SST) 82607	<input type="checkbox"/> VITAMIN C, HPLC, PLASMA	(GN) 82180	<input type="checkbox"/> VITAMIN D 25 HYDROXY	(SST) 82306	<input type="checkbox"/> VITAMIN E	(GN) 84446	<input type="checkbox"/> VITAMIN K1	(GN) 84597	<input type="checkbox"/> ZINC RBC	(R.BL EDTA) 84630	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><input type="checkbox"/> ENCOUNTER FOR SCREENING</td> <td style="width: 20%; text-align: right;">Z13.9</td> </tr> </table>	<input type="checkbox"/> ENCOUNTER FOR SCREENING	Z13.9
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	<b>Phleb / Tech:</b> Signature: _____ Date: _____ Time: _____ SST: ____ RED TOP: ____ OTHER: ____
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