



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

Practice Name: _____

Address: _____

Provider Name: _____

NPI: _____

Provider Signature: _____

Date: _____

PATIENT INFORMATION:

First Name: _____ Last Name: _____ MI: _____ Date of Birth: _____ Sex: _____

Address: _____ City: _____ State: _____ ZIP Code: _____ Phone: _____

SPECIMEN INFORMATION

Date Collected: _____ Time Collected: _____ Fasting: Y N STAT: Y N Timed Urine Collection: _____ hrs vol

BILLING INFORMATION:

Bill Insurance

Bill Patient

Physician Account

PRIMARY INSURANCE INFORMATION:

Insured's Name: _____

Insurance Name: _____

ID: _____ Group: _____

Patient Relationship to Insured: Self Spouse Dependent

SECONDARY INSURANCE INFORMATION:

Insured's Name: _____

Insurance Name: _____

ID: _____ Group: _____

Patient Relationship to Insured: Self Spouse Dependent

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to Novalab.
 I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurance.

Patient Signature: _____ Date: _____

TESTS

DIAGNOSIS

3038	<input type="checkbox"/>	MICRONUTRIENT PANEL	
13102	<input type="checkbox"/>	COENZYME Q10, SERUM, HPLC	(SST) 82542
13428	<input type="checkbox"/>	COPPER RBC	(R.BL EDTA) 82525
1006	<input type="checkbox"/>	FERRITIN	(SST) 82728
10536	<input type="checkbox"/>	HEAVY METAL PANEL, BLOOD	
		BLOOD ARSENIC	(R.BL EDTA) 82175
		BLOOD LEAD	(R.BL EDTA) 83655
		BLOOD MERCURY	(R.BL EDTA) 83825
13103	<input type="checkbox"/>	IODINE, ICP-MS	(R.BL EDTA) 83789
13457	<input type="checkbox"/>	MAGNESIUM RBC	(R.BL EDTA) 83735
10894	<input type="checkbox"/>	SELENIUM, ICP-MS	(R.BL EDTA) 84255
10559	<input type="checkbox"/>	VITAMIN A	(GRN) 84590
10074	<input type="checkbox"/>	VITAMIN B1 (THIAMINE)	(GRN) 84425
10960	<input type="checkbox"/>	VITAMIN B2 (RIBOFLAVIN)	(SST L.PRO) 84252
10090	<input type="checkbox"/>	VITAMIN B6 (PYRIDOXAL)	(GRN L.PRO) 84207
1008	<input type="checkbox"/>	FOLATE (VITAMIN B9)	(SST) 82746
1034	<input type="checkbox"/>	VITAMIN B12	(SST) 82607
10083	<input type="checkbox"/>	VITAMIN C, HPLC, PLASMA	(GRN) 82180
1036	<input type="checkbox"/>	VITAMIN D-25 HYDROXY	(SST) 82306
10560	<input type="checkbox"/>	VITAMIN E	(GRN L.PRO) 84446
11512	<input type="checkbox"/>	VITAMIN K1	(GRN) 84597
13458	<input type="checkbox"/>	ZINC, RBC	(R.BL EDTA) 84630

<input type="checkbox"/>	ABN. LEVEL OF HEAVY METALS IN BLOOD	R78.79
<input type="checkbox"/>	ABNORMAL RESULTS OF THYROID	R94.6
<input type="checkbox"/>	DEFICIENCY of MULTIPLE NUTRIENT ELEMENTS	E61.7
<input type="checkbox"/>	ENCOUNTER for GENERAL ADULT MED EXAM	Z00.00
<input type="checkbox"/>	FATIGUE	R53.83
<input type="checkbox"/>	HASHIMOTO'S THYROIDITIS	E06.3
<input type="checkbox"/>	HYPERLIPIDIMIA	E78.00
<input type="checkbox"/>	HYPOTHYROIDISM	E03.9
<input type="checkbox"/>	INSOMNIA	G47.00
<input type="checkbox"/>	MAGNESIUM DEFICIENCY	E61.2
<input type="checkbox"/>	MULTIPLE VITAMIN Bs DEFICIENCY	E53.8
<input type="checkbox"/>	PYRIDOXINE DEFICIENCY	E53.1
<input type="checkbox"/>	SEQUELAE of VITAMIN C DEFICIENCY	E64.2
<input type="checkbox"/>	VITAMIN D DEFICIENCY	E55.9
<input type="checkbox"/>	VITAMIN DEFICIENCY	E56.9

TOTAL AMOUNT OF SPECIMEN FILL TO THE TOP :

- 2 SST
- 4 ROYAL BLUE EDTA LAVENDER LINE
- 1 SST PROTECT FROM LIGHT (AMBER TRANSPORT)
- 1 GREEN PROTECT FROM LIGHT (AMBER TRANSPORT)