

<<TodaysDate>>

Post-Operative Gastric Bypass/Duodenal Switch Lab Order

Name: <<PFullName>> | DOB: <<PDOB>> | Gender: <<PGender>> | Email: <<PEmail>>

Address: <<PStreet>><<PApptPO>>, <<PCity>>, <<PState>> <<PZip>>

Phone: <<PHomePhone>> | <<PWorkPhone>> | <<POtherPhone>>

Tests Ordered:

10231	Complete Metabolic Panel	927	Vitamin B12
6399	CBC w/ Differential/Platelet	466	Serum Folate
5616	Iron Panel		
622	Magnesium, Serum	17306	Vitamin D, 25-Hydroxy
7600	Lipid Panel		
36127	TSH + Free T4	496	Hemoglobin A1C
8837	PTH, Intact	921/931	Vitamin A & E
5042	Thiamine (B1) - whole blood	36585	Vitamin K
326	Ceruloplasmin	4847	Prealbumin
363	Copper	945	Zinc Serum

ICD-10 Codes: E46, K90.89, K90.9, K91.2, K90.49, Z98.84, E55.9, Z68.35, Z68.41, R73.01, R73.09, Z79.899, E11.9, E11.65, E78.00, E78.2, E78.5, E51.9

Ordered By: <<ProvFullName>>, <<ProvTitle>>

Group NPI: 1780857177

UPN: G96854

Patient Insurance:

Subscriber: <<PriCarSubFullName>> | <<PriCarSubDOB>>

Carrier: <<PriCarName>>

Subscriber ID: <<PriCarSubID>>

Group ID: <<PriCarGroupID>>

****Bill Insurance****

This document was verified and electronically signed by Dr. <<ProvFullName>> on <<TodaysDate>>