

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Date of Service:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ORDERING PHYSICIANS MUST PROVIDE DIAGNOSIS/SYMPTOMS NEXT TO EACH TEST TO INDICATE THE MEDICAL NECESSITY OF EACH TEST ORDERED**

**ORGAN AND DISEASE ORIENTED PANELS:**

**DIAGNOSIS**

- LIPID PANEL (Total Cholesterol, HDL, Triglycerides, Calculated LDL) \_\_\_\_\_
- LIVER-HEPATIC FUNCTION PANEL (Albumin, Total & Direct Bilirubin, Alkaline Phosphatase, Total Protein, ALT, AST) \_\_\_\_\_
- ACUTE HEPATITIS PANEL (HAAb IgM, HbcAb IgM, HbsAg, HCAb) \_\_\_\_\_

**ANALYTES INCLUDED IN PANELS (Must be ordered individually below)**

COMPREHENSIVE METABOLIC PANEL (SGPT/ALT, Albumin, ALK Phosphatase, SGOT/AST, Bilirubin (Total), Sodium, Potassium, Chloride, CO<sub>2</sub> (Bicarbonate), BUN, Creatinine, Glucose, Protein (Total), Calcium (Total))  
 BASIC METABOLIC PANEL (Sodium, Potassium, Chloride, CO<sub>2</sub> (Bicarbonate), BUN, Creatinine, Glucose, Calcium (Total))  
 ELECTROLYTE PANEL (Sodium, Potassium, Chloride, CO<sub>2</sub> (Bicarbonate))  
 RENAL FUNCTION PANEL (Aluminum, Sodium, Potassium, Chloride, CO<sub>2</sub> (Bicarbonate), BUN, Creatinine, Glucose, Calcium (Total), Phosphorus))

**AUTOMATED CHEMISTRY TESTS**

**DIAGNOSIS**

- SODIUM \_\_\_\_\_
- POTASSIUM \_\_\_\_\_
- CHLORIDE \_\_\_\_\_
- CO<sub>2</sub> (BICARBONATE) \_\_\_\_\_
- UREA NITROGEN (BUN) \_\_\_\_\_
- CREATININE \_\_\_\_\_
- GLUCOSE \_\_\_\_\_
- CALCIUM \_\_\_\_\_
- ALBUMIN (ALB) \_\_\_\_\_
- TOTAL PROTEIN (TP) \_\_\_\_\_
- ALKALINE PHOSPHATASE \_\_\_\_\_
- ALT (SGPT) \_\_\_\_\_
- AST (SGOT) \_\_\_\_\_
- BILIRUBIN, TOTAL \_\_\_\_\_
- BILIRUBIN, DIRECT \_\_\_\_\_
- PHOSPHORUS \_\_\_\_\_
- CHOLESTEROL \_\_\_\_\_
- TRIGLYCERIDES \_\_\_\_\_
- HDL \_\_\_\_\_
- LDL - DIRECT MEASUREMENT \_\_\_\_\_
- URIC ACID \_\_\_\_\_
- GGT \_\_\_\_\_
- LD (LDH) \_\_\_\_\_
- AMYLASE \_\_\_\_\_
- LIPASE \_\_\_\_\_

**OTHER INDIVIDUAL TESTS**

**DIAGNOSIS**

- ALPHAFETOPROTEIN (AFP MATERNAL) \_\_\_\_\_
- ANA \_\_\_\_\_
- BETA-HCG QUANTITATIVE \_\_\_\_\_
- BNP \_\_\_\_\_
- CA-125 \_\_\_\_\_
- CEA \_\_\_\_\_
- CREATININE CLEARANCE \_\_\_\_\_
- CRP (C-REACTIVE PROTEIN) \_\_\_\_\_
- CRP-HIGH SENSITIVITY \_\_\_\_\_
- DIGOXIN \_\_\_\_\_
- DILANTIN (PHENYTOIN) \_\_\_\_\_
- FERRITIN \_\_\_\_\_
- FETAL FIBRONECTIN \_\_\_\_\_
- FOLIC ACID \_\_\_\_\_
- GESTATIONAL DIABETES GLUC SCR \_\_\_\_\_
- HGB ELECTROPHORESIS \_\_\_\_\_
- HEPATITIS A ANTIBODIES \_\_\_\_\_
- HEPATITIS B CORE ABS IgM \_\_\_\_\_
- HEPATITIS B SURFACE ANTIGEN \_\_\_\_\_
- HEPATITIS B SURFACE ANTIBODY \_\_\_\_\_
- HEPATITIS C ANTIBODIES \_\_\_\_\_
- HIV 1 & 2 ANTIBODIES \_\_\_\_\_
- HEMOGLOBIN A1C \_\_\_\_\_
- IRON \_\_\_\_\_
- IRON BINDING CAPACITY (TIBC) \_\_\_\_\_
- LEAD \_\_\_\_\_
- MAGNESIUM, SERUM \_\_\_\_\_
- MONO SPOT TEST \_\_\_\_\_
- PREGNANCY SCREEN, SERUM \_\_\_\_\_
- PSA-TOTAL PROSTATIC SPECIFIC AG \_\_\_\_\_
- PSA-FREE PROSTATIC SPECIFIC AG \_\_\_\_\_
- RHEUMATOID FACTOR \_\_\_\_\_
- RPR \_\_\_\_\_
- TESTOSTERONE \_\_\_\_\_
- T3 TOTAL \_\_\_\_\_
- T3 FREE \_\_\_\_\_
- T4 TOTAL \_\_\_\_\_
- T4 FREE \_\_\_\_\_
- TSH \_\_\_\_\_
- TYPE & SCREEN \_\_\_\_\_
- VITAMIN B12 \_\_\_\_\_

**MICROBIOLOGY**

- SPECIMEN SOURCE: \_\_\_\_\_
- CULTURE & SENSITIVITIES \_\_\_\_\_
  - GRAM STAIN \_\_\_\_\_
  - ACID FAST CULTURE & SMEAR \_\_\_\_\_
  - VIRAL CULTURE \_\_\_\_\_
  - FUNGUS CULTURE \_\_\_\_\_
  - STREP A SCREEN - THROAT \_\_\_\_\_
  - OCCULT BLOOD FECES \_\_\_\_\_
  - OVA AND PARASITE \_\_\_\_\_
  - STOOL CULTURE \_\_\_\_\_
  - C. DIFFICILE TOXIN, FECES \_\_\_\_\_
  - CHLAMYDIA PROBE \_\_\_\_\_
  - GONORRHOEA PROBE \_\_\_\_\_

**HEMATOLOGY/COAGULATION**

- CBC, PLATELET COUNT, AND DIFF \_\_\_\_\_
- CBC, PLATELET COUNT, NO DIFF \_\_\_\_\_
- HEMOGLOBIN & HEMATOCRIT (H&H) \_\_\_\_\_
- PLATELET COUNT \_\_\_\_\_
- RETICULOCYTE COUNT \_\_\_\_\_
- SEDIMENTATION RATE \_\_\_\_\_
- PT (AND INR)  ON ANTI-COAGULANT \_\_\_\_\_
- PTT \_\_\_\_\_
- PFA (PLATELET FUNCTION ANALYSIS) \_\_\_\_\_
- D-DIMER \_\_\_\_\_

**URINE**

- URINALYSIS \_\_\_\_\_
- URINALYSIS WITH REFLEX CULTURE \_\_\_\_\_
- URINE CULTURE (CLEAN CATCH) \_\_\_\_\_
- PREGNANCY SCREEN, URINE \_\_\_\_\_

**ADDITIONAL TESTS**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Instructions and Precautions:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

## OUTPATIENT DIAGNOSTIC SERVICES

To schedule diagnostic imaging appointments at these sites, call the Baptist Health Patient Scheduling line at **786-573-6000**, or use our online appointment request form at [appointments@baptisthealth.net](mailto:appointments@baptisthealth.net), or e-mail your request or send a photo of your prescription to [appointments@baptisthealth.net](mailto:appointments@baptisthealth.net).

- Baptist Outpatient Center**  
8950 N. Kendall Drive, 2nd Floor, Miami, FL 33176  
Phone: **786-596-7200** • Fax: 305-595-3759
- Baptist Diagnostic Center**  
15955 SW 96 Street, Suite 101, Miami, FL 33196  
Phone: **786-467-3100** • Fax: 786-533-9679
- Baptist Mammography Center at Macy's, The Falls**  
9100 SW 136 Street, 2nd Floor, Miami, FL 33176  
Phone: **786-596-7691** • Fax: 786-293-8782
- Baptist Medical Plaza at Brickell**  
2660 Brickell Avenue, Miami, FL 33129  
Phone: **786-467-5321** • Fax: 786-533-9568
- Baptist Medical Plaza at Coral Gables**  
10 Giralda Avenue, Coral Gables, FL 33134  
Phone: **786-467-5050** • Fax: 786-467-5051
- Baptist Children's Diagnostic Center at Baptist Medical Plaza at Country Walk**  
13500 SW 152 Street, Miami, FL 33177  
Phone: **786-596-4333** • Fax: 786-596-4331
- Baptist Medical Plaza at Doral**  
9915 NW 41 Street, Doral, FL 33178  
Phone: **786-596-3820** • Fax: 786-596-3821
- Baptist Medical Plaza at Miami Lakes**  
14701 NW 77 Avenue, Miami Lakes, FL 33014  
Phone: **786-662-0720** • Fax: 786-662-0721
- Baptist Medical Plaza at Palmetto Bay**  
8750 SW 144 Street, Miami, FL 33176  
Phone: **786-596-3838** • Fax: 786-596-3839
- Baptist Medical Plaza at Tamiami Trail**  
14660 SW 8 Street, Miami, FL 33184  
Phone: **786-596-4200** • Fax: 786-596-4201
- Baptist Medical Plaza at Westchester**  
8840 Bird Road, Miami, FL 33165  
Phone: **786-596-3880** • Fax: 786-596-3881
- Baptist Hospital**  
8900 N. Kendall Drive, Miami, FL 33176  
Phone: **786-596-6548** • Fax: 786-596-5989
- South Miami Hospital Outpatient Center**  
6200 SW 73 Street, Miami, FL 33143  
Phone: **786-662-4086**  
Fax: 786-662-5304 Diagnostic Center  
Fax: 786-662-5223 Women's Center
- Homestead Hospital Outpatient Center**  
975 Baptist Way, Homestead, FL 33030  
(Campbell Drive and SW 147 Avenue)  
Phone: **786-243-8520** • Fax: 786-243-8562  
**Sleep Diagnostic Center**  
Phone: **786-243-8006** • Fax: 786-243-8120  
**Cardiology**  
Phone: **786-243-8523** • Fax: 786-243-8584
- West Kendall Baptist Hospital**  
9555 SW 162 Avenue, Miami, FL 33196  
Phone: **786-467-2500** • Fax: 786-533-9633
- Doctors Hospital**  
5000 University Drive, Coral Gables, FL 33146  
CT Scan, Blood Flow, Nuclear Medicine, Radiology,  
Ultrasounds: **786-573-6000**  
MRI, Interventional Radiology: **786-308-2303**  
EKG, Stress Test: **786-308-3229**
- Mariners Hospital**  
91500 Overseas Highway, Tavernier, FL 33070  
Mammograms, Ultrasounds, Bone Density, MRI, CT Scan,  
X-ray, Fluoroscopy, Nuclear Medicine: **305-434-1588**  
Cardiology, Sleep Studies: **305-434-1635**

### Appointments

It is important for you or your doctor to call in advance to schedule a diagnostic appointment. Every effort will be made to accommodate you if you walk in for tests with your doctor's prescription; but to better serve you and to reduce waiting time, we encourage you to make an appointment. Certain services require that you be scheduled because they are performed only at specific times.

### Pre-registration and Insurance Coverage

For our patients' convenience, we accept a variety of insurance plans. During the scheduling process we will be able to assist you with this information. Please bring your prescription (doctor's orders) and insurance identification card(s) with you when you come to the Center. If you are a member of a health maintenance organization (HMO) or a preferred provider organization (PPO), please contact your insurance carrier to verify if the prescribed services are covered or to obtain any required authorization.

**GENERAL INSTRUCTIONS:** Medicare will only pay for services that it determines to be reasonable and necessary. If Medicare determines that a particular service, although it would otherwise be covered, is not reasonable and necessary under the Medicare program standards, Medicare will deny payment for that service. Tests ordered for the purpose of screening are generally not covered by Medicare.