

REQUISITION FORM



Know your risk.

Customer Support 866.358.9828 | f 866.869.0148



CLIENT ID

INSTRUCTIONS

- 1. Please complete all highlighted areas in their entirety.
2. Please provide all specimen information (draw date/time).

FOR L3

PRACTITIONER INFORMATION

Client ID 11978
Practice Name GUARNERI INTEGRATIVE HEALTH, INC.
Practitioner ID OBERG N.D. / GUARNERI M.D. / KALINA M.D.
Practitioner Name FITZPATRICK N.D. / EZZAT M.D. / BRAR M.D. / BRADLEY N.D.
NPI C1RLCE PHYSICIAN
PECOS Validated? Yes No
Address 6919 LA JOLLA BOULEVARD
City LA JOLLA State CA ZIP 92037
Phone (858) 459-6919 Fax (858) 459-6933

PATIENT INFORMATION

DOB
Last Name
First Name Middle Initial
Ht. Wt. BMI Fasting? Yes No
Race American Indian/Alaskan Native Asian Black/African-American
White/Caucasian (Non-Hispanic) Hispanic/Latino Other
Patient Demographics Sheet Attached
Address
City State ZIP
Phone
Other Patient ID Last Four Digits of SSN

TEST MENU (Please fill in box completely)

INFLAMMATION: Myeloperoxidase, IL-6, CRP, etc.
HORMONES: Testosterone, Estradiol, Progesterone, etc.
ANEMIA/IRON METABOLISM/BONE: Ferritin, Iron, etc.
CANCER: PSA, etc.
HEPATIC: Gamma Glutamyl Transferase, etc.
GENETICS: ApoE, etc.
ROUTINE PANELS: Basic Metabolic Panel, etc.
STANDARD LABORATORY TESTS: CBC, Urinalysis, etc.
CLEVELAND CLINIC WELLNESS PROGRAMS: GoF Foods, etc.
OTHER:
FATTY ACIDS: OmegaCheck
PANCREAS: Amylase, Lipase

BILLING INFORMATION (Check only one billing option)

Insurance: Please attach a copy of BOTH sides of patient's insurance card.
Medicare# Please attach a copy of BOTH sides of patient's Medicare card.
Self-Pay: CHL, Inc. will bill the patient.

DIAGNOSIS (ICD-10 Code)

Iron deficiency anemia, unspecified... D50.9
Anemia, unspecified... D64.9
Other iodine-deficiency related thyroid disorders... E01.8
Subclinical iodine-deficiency hypothyroidism... E02
Unspec. hypothyroidism... E03.9
Type 2 diabetes mellitus with hyperglycemia... E11.65
Type 2 diabetes mellitus without complications... E11.9
Other spec. diabetes mellitus w/o mention of complications... E13.9
Vitamin D deficiency, unspecified... E55.9
Pure hypercholesterolemia, unspecified... E78.00
Familial hypercholesterolemia... E78.01
Pure hypertriglyceridemia... E78.1
Mixed hyperlipidemia... E78.2
Other hyperlipidemia, unspecified... E78.4
Hyperlipidemia, unspecified... E78.5
Hyperuricemia w/o signs of inflammatory arthritis and tophaceous disease... E79.0
Metabolic Syndrome... E88.81
Essential (primary) hypertension... I10
Unstable angina... I20.0

Note: The provided ICD-10 codes are listed as a convenience. Ordering practitioners should report the diagnosis code that best describes the reason for performing the test, regardless of whether the code is listed above or not.

COMMENTS:

Initials:

Time:

Draw Date:

Practitioner's Signature: X

Date: X

*Sample must be shipped the same day collected.
**Sample must be protected from light.
†A single separate tube is required.
‡Requires an ABN to accompany form for Medicare patients.