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Houston TX 77060

Lab Director: Dr. Jennifer Knaack, PhD  
labgenusa.com

- ☐ Medical Necessity
- ☐ SOAP Notes
- ☐ Visit History Notes

## Please see Reverse side to Complete Form

**IMPORTANT** - Include a current medication list AND a patient face sheet OR complete next two sections below and include photocopy of insurance card (front and back).

First Name	Last Name	Phone Number		Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M
DOB (MM/DD/YYYY)	DOD (if applicable)	Email ID		
Address		City	State	ZIP

**Ethnicity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown **Race:** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Multi Race ☐ Native Hawaiian/Pacific Isles ☐ White ☐ Other

☐ Medicare      ☐ Commercial      ☐ Medicaid

## DIAGNOSIS (ICD-10) CODES

<b>STI</b> <input type="checkbox"/> Preservative urine <input type="checkbox"/> Urine <input type="checkbox"/> Urine Swab <input type="checkbox"/> Vaginal Swab	<b>UTI</b> <input type="checkbox"/> Urine <input type="checkbox"/> Urine Swab <input type="checkbox"/> Preservative urine <input type="checkbox"/> Swab <input type="checkbox"/> Other: .....	<b>GI</b> <input type="checkbox"/> Rectal swab <input type="checkbox"/> Stool sample	<b>RPP/ Mini Rpp</b> <input type="checkbox"/> Nasopharyngeal Swab <input type="checkbox"/> Oropharyngeal Swab <input type="checkbox"/> Other: ..... <b>Wound (Swab Location)</b>	<b>Collection Time AM/PM:</b>  <b>Collection Date:</b>	<b>SKIN / WOUND / SOFT TISSUE</b> <input type="checkbox"/> <b>E11.621</b> Type 2 diabetes mellitus with foot ulcer <input type="checkbox"/> <b>E11.622</b> Type 2 diabetes mellitus with other skin ulcer <input type="checkbox"/> <b>L03.115</b> Cellulitis of right lower limb <input type="checkbox"/> <b>L03.116</b> Cellulitis of left lower limb <input type="checkbox"/> <b>L89.143</b> Pressure ulcer of left lower back, stage 3 <input type="checkbox"/> <b>L89.154</b> Pressure ulcer of sacral region, stage 4
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#### ☐ RESPIRATORY TRACT PANEL (RPP)

<b>VIRUS</b> SARS-CoV-2 Influenza A Influenza B Adenovirus Human Rhinovirus A/B Human Parainfluenza (HPIV 1) Human Parainfluenza (HPIV 2) Human Parainfluenza (HPIV 3) Human Parainfluenza (HPIV 4) Human Metapneumovirus A/B Respiratory Syncytial Virus A/B Bocavirus Epstein-Barr virus Coronavirus (229E) Coronavirus (NL63) Coronavirus (HKU1) Coronavirus (OC43)	<b>BACTERIA</b> Proteus Mirabilis Acinetobacter baumannii Chlamydomydia pneumoniae Haemophilus influenzae Klebsiella aerogenes Klebsiella pneumoniae Legionella pneumophila Moraxella catarrhalis Mycoplasma pneumoniae Staphylococcus aureus Streptococcus agalactiae Streptococcus pneumoniae Streptococcus pyogenes Staphylococcus aureus Staphylococcus saprophyticus Enterobacter cloacae	<b>PROTOZOA</b> Trichomonas vaginalis	<b>BACTERIA</b> Chlamydia trachomatis Gardnerella vaginalis Neisseria gonorrhoeae Trichomonas vaginalis	<b>WOUND PANEL</b> <input type="checkbox"/> Serratia marcescens <input type="checkbox"/> Acinetobacter baumannii <input type="checkbox"/> Citrobacter koseri <input type="checkbox"/> Ureaplasma urealyticum <input type="checkbox"/> Bacteroides fragilis <input type="checkbox"/> Klebsiella aerogenes <input type="checkbox"/> Staphylococcus epidermidis <input type="checkbox"/> Enterococcus spp. <input type="checkbox"/> Pseudomonas aeruginosa <input type="checkbox"/> Streptococcus pyogenes <input type="checkbox"/> Streptococcus agalactiae <input type="checkbox"/> Citrobacter braakii/freundii <input type="checkbox"/> Prevotella bivia <input type="checkbox"/> Escherichia coli	<b>WOUND PANEL</b> <input type="checkbox"/> Serratia marcescens <input type="checkbox"/> Acinetobacter baumannii <input type="checkbox"/> Citrobacter koseri <input type="checkbox"/> Ureaplasma urealyticum <input type="checkbox"/> Bacteroides fragilis <input type="checkbox"/> Klebsiella aerogenes <input type="checkbox"/> Streptococcus pyogenes <input type="checkbox"/> Citrobacter braakii/freundii <input type="checkbox"/> Escherichia 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## CONFIRMATION + SCREEN

6-MAM	Hydromorphone	Pregabalin	6-MAM	Codine	Indomethacin	Oxycodone	Venlafaxine
Alprazolam	Hydroxypalazolam	Protriptyline	Alprazolam	Cotinine	Ibuprofen	Oxymorphone	Verapamil
Aminoclozepam	Imipramine	Quetiapine	Aminoclozepam	Cyclobenzaprine	Ketamine	Paroxetine	Warfarin
Amiripryline	Ketamine	Sertaline	Amiripryline	Desipramine	Levetiracetam	PCP	Zolpidem
Amphetamine	Lorazepam	Tapentadol	Amphetamine	Desmethyldiazepam	Lisinopril	Phenobarbital	
Benzoylcocaine	MDMA	Temazepam	Amphetamine	Desmethyldiazepam	Lorazepam	Phentermine	
Buprenorphine	Meprobamate	THC-COOH	Aripiprazole	Desmethyldiazepam	MDMA	Phenytoin	
Bupropion	Methamphetamine	Tizanidine	Atenolol	Desmethyldiazepam	Meprobamate	Pioglitazone	
Butalbital	Methylphenidate	Tramadol	Atorvastatin	Diclofenac	Meprobamate	Pitavastatin	
Carisoprodol	Morphine	Venlafaxine	Baclofen	Dihydrocodeine	Methadone	Pregabalin	
Citalopram	Morphine	Zolpidem	Baclofen	Dihydrocodeine	Methamphetamine	Proparacamol	
Clozapepam	Morphine		Benzoylcocaine	Dilazepam	Methoxetone	Protriptyline	
Codine	Naloxone	Screen	Buprenorphine	Donepezil	Methylphenidate	Pseudoephedrine	
Cotinine	Naltrexone	Amphetamines	Bupropion	Doxepine	Metoprolol	Quetiapine	
Cyclobenzaprine	Norbutenorphine	Barbiturates	Bupropion	Doxepine	Mirtazapine	Risperidone	
Desipramine	Norbutenorphine	Benzodiazepines	Bupropion	Doxepine	Mirtazapine	Rivaroxaban	
Desmethyldiazepam	Norbutenorphine	Buprenorphine	Bupropion	Doxepine	Mirtazapine	Rosuvastatin	
Desmethyldiazepam	Norbutenorphine	Opiates	Bupropion	Doxepine	Mirtazapine	Sertraline	
Desmethyldiazepam	Norbutenorphine	Oxycodone	Bupropion	Doxepine	Mirtazapine	Sitagliptin	
Dextropropoxyphene	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	Sumatriptan	
Dihydrocodeine	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	Tapentadol	
Doxepine	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	Temazepam	
Duloxetine	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	THC-COOH	
Fentanyl	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	Tizanidine	
Fluoxetine	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	Topiramate	
Gabapentin	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	Tramadol	
Hydrocodone	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	Trazodone	
	Norbutenorphine		Bupropion	Doxepine	Mirtazapine	Valsartan	

☐ **CONFIRMATION ONLY**

This test is medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom. By submitting this physician order form, I acknowledge the test(s) ordered are medically necessary and reasonable for diagnostics and treatment decision. I acknowledge only medically necessary testing should be ordered. As a provider, I acknowledge that the requested test(s) are medically necessary, and a written order is contained in the patient's records

Authorizing Provider Name	Authorizing Provider NPI#
Authorizing Provider Signature	Date

# DIAGNOSIS (ICD-10) CODES Select or write-in one or more codes from the spaces/selections below (REQUIRED)

<b>SKIN / WOUND / SOFT TISSUE</b> <input type="checkbox"/> <b>E11.621</b> Type 2 diabetes mellitus with foot ulcer <input type="checkbox"/> <b>E11.622</b> Type 2 diabetes mellitus with other skin ulcer <input type="checkbox"/> <b>I70.203</b> Unsp atherosclerotic native arteries of extremities, bilateral legs <input type="checkbox"/> <b>I70.232</b> Atherosclerotic native arteries of right leg w ulceration of calf <input type="checkbox"/> <b>I70.234</b> Atherosclerotic native art of right leg w ulcer of heel and mid-foot <input type="checkbox"/> <b>I70.244</b> Atherosclerotic native art of left leg w ulcer of heel and mid-foot <input type="checkbox"/> <b>I70.245</b> Atherosclerotic native arteries of left leg w ulceration oth prt foot <input type="checkbox"/> <b>I87.311</b> Chronic venous hypertension w ulcer of right low extremity <input type="checkbox"/> <b>I87.312</b> Chronic venous hypertension w ulcer of left low extremity <input type="checkbox"/> <b>I87.313</b> Chronic venous hypertension w ulcer of bilateral low extremity <input type="checkbox"/> <b>I87.332</b> Chronic venous htn w ulcer and inflammation of low extremity <input type="checkbox"/> <b>L03.115</b> Cellulitis of right lower limb <input type="checkbox"/> <b>L03.116</b> Cellulitis of left lower limb <input type="checkbox"/> <b>L89.143</b> Pressure ulcer of left lower back, stage 3 <input type="checkbox"/> <b>L89.144</b> Pressure ulcer of left lower back, stage 4 <input type="checkbox"/> <b>L89.154</b> Pressure ulcer of sacral region, stage 4 <input type="checkbox"/> <b>L89.313</b> Pressure ulcer of right buttock, stage 3 <input type="checkbox"/> <b>L89.314</b> Pressure ulcer of right buttock, stage 4 <input type="checkbox"/> <b>L89.323</b> Pressure ulcer of left buttock, stage 3 <input type="checkbox"/> <b>L89.324</b> Pressure ulcer of left buttock, stage 4 <input type="checkbox"/> <b>L89.513</b> Pressure ulcer of right ankle, stage 3 <input type="checkbox"/> <b>L89.893</b> Pressure ulcer of other site, stage 3 <input type="checkbox"/> <b>L89.894</b> Pressure ulcer of other site, stage 4 <input type="checkbox"/> <b>L97.212</b> Non-pressure chronic ulcer of right calf w fat layer exposed <input type="checkbox"/> <b>L97.222</b> Non-pressure chronic ulcer of left calf w fat layer exposed <input type="checkbox"/> <b>L97.312</b> Non-pressure chronic ulcer of right ankle w fat layer exposed <input type="checkbox"/> <b>L97.411</b> Non-pressure chr. ulcer of right heel and midft lmt to brkdwn skin <input type="checkbox"/> <b>L97.412</b> Non-pressure chr ulcer of right heel and mid-foot w fat layer exposed <input type="checkbox"/> <b>L97.413</b> Non-pressure chr ulcer of right heel and mid-foot w necros muscle <input type="checkbox"/> <b>L97.419</b> Non-pressure chr ulcer of right heel and mid-foot w unsp severity <input type="checkbox"/> <b>L97.422</b> Non-pressure chr ulcer of left heel and mid-foot w fat layer exposed <input type="checkbox"/> <b>L97.423</b> Non-pressure chr ulcer of left heel and midfoot w necros muscle <input type="checkbox"/> <b>L97.429</b> Non-pressure chronic ulcer of left heel and mid-foot w unsp severity <input type="checkbox"/> <b>L97.512</b> Non-pressure chronic ulcer oth prt right foot w fat layer exposed <input type="checkbox"/> <b>L97.522</b> Non-pressure chronic ulcer oth prt left foot w fat layer exposed <input type="checkbox"/> <b>L97.811</b> Non-pressure chr ulcer oth prt r low leg limited to brkdwn skin <input type="checkbox"/> <b>L97.812</b> Non-pressure chronic ulcer oth prt r low leg w fat layer exposed <input type="checkbox"/> <b>L97.821</b> Non-pressure chr ulcer oth prt l low leg limited to brkdwn skin <input type="checkbox"/> <b>L97.822</b> Non-pressure chronic ulcer oth prt l low leg w fat layer exposed <input type="checkbox"/> <b>L97.912</b> Non-pressure chr ulc unsp prt of r low leg w/ fat layer exposed <input type="checkbox"/> <b>M86.171</b> Other acute osteomyelitis, right ankle and foot <input type="checkbox"/> <b>M86.172</b> Other acute osteomyelitis, left ankle and foot <input type="checkbox"/> <b>M86.18</b> Other acute osteomyelitis, other site S31.1055 Unsp open wound abd wall, periumb rgn w/ penet perit cav, sqla <input type="checkbox"/> <b>S81.001A</b> Unspecified open wound, right knee, initial encntr <input type="checkbox"/> <b>S81.002A</b> Unspecified open wound, left knee, initial encntr <input type="checkbox"/> <b>S81.801A</b> Unspecified open wound, right lower leg, initial encounter <input type="checkbox"/> <b>S81.802A</b> Unspecified open wound, left lower leg, initial encounter <input type="checkbox"/> <b>T81.31XA</b> Disruption of external operation (surgical) wound, NEC, init <input type="checkbox"/> <b>T86.821</b> Skin graft (allograft) (autograft) failure <input type="checkbox"/> <b>T86.828</b> Other complications of skin graft (allograft) (autograft)	<b>o RESPIRATORY / ENT/ CNS</b> <input type="checkbox"/> <b>A37.90</b> Whooping cough <input type="checkbox"/> <b>A37.91</b> Whooping cough with pneumonia <input type="checkbox"/> <b>A37.80</b> Whooping cough with pneumonia <input type="checkbox"/> <b>A37.81</b> Whooping cough due to Bordetella, bronchiseptica, with pneumonia <input type="checkbox"/> <b>A37.10</b> Whooping cough due to Bordetella parapertussis <input type="checkbox"/> <b>A37.11</b> Whooping cough due to Bordetella parapertussis, with pneumonia <input type="checkbox"/> <b>A37.00</b> Whooping cough due to bordetella, pertussis <input type="checkbox"/> <b>J01.90</b> Acute sinusitis, unspecified <input type="checkbox"/> <b>J02.8</b> Acute pharyngitis due to other specified organisms <input type="checkbox"/> <b>J02.9</b> Acute phyaryngitis, unspecified <input type="checkbox"/> <b>J03.80</b> Tonsillitis, acute due to other specified organism <input type="checkbox"/> <b>J03.81</b> Tonsillitis, acute recurrent due to other specified organism <input type="checkbox"/> <b>J03.90</b> Tonsillitis, acute unspecified <input type="checkbox"/> <b>J03.91</b> Tonsillitis, acute recurrent unspecified <input type="checkbox"/> <b>J04.0</b> Laryngitis, acute <input type="checkbox"/> <b>J04.2</b> Laryngotracheitis, acute <input type="checkbox"/> <b>J06.9</b> Upper respiratory disease, acute <input type="checkbox"/> <b>J11.00</b> influenza, unidentified virus with pneumonia <input type="checkbox"/> <b>J11.1</b> Influenza, unidentified virus with other respiratory manifestations <input type="checkbox"/> <b>J11.2</b> Infuenza, unidentified virus with gastrointestinal manifestations <input type="checkbox"/> <b>J11.83</b> Influenza, unidentified virus with otitis media <input type="checkbox"/> <b>J11.89</b> Influenza, unidentified virus, with other manifestations <input type="checkbox"/> <b>R53.81</b> Other malaise <input type="checkbox"/> <b>J12.9</b> Viral pneumonia,unspecified <input type="checkbox"/> <b>J13-J17</b> Bacterial pneumonia <input type="checkbox"/> <b>J18.0</b> Bronchopneumonia, unspecified organism <input type="checkbox"/> <b>J18.1</b> Labor pneumonia, unspecified organism <input type="checkbox"/> <b>J18.9</b> Pneumonia, unspecified organism <input type="checkbox"/> <b>J20.9</b> Acute bronchitis, unspecified <input type="checkbox"/> <b>J31.1</b> Chronic nasopharyngitis <input type="checkbox"/> <b>J32.9</b> Chronic sinusitis, unspecified <input type="checkbox"/> <b>J37.0</b> Laryngitis, chronic <input type="checkbox"/> <b>J37.1</b> Laryngotracheitis, chronic <input type="checkbox"/> <b>J39.9</b> Disease, diseased, upper respiratory tract <input type="checkbox"/> <b>R06.00</b> Dyspnea, unspec. <input type="checkbox"/> <b>R06.02</b> Shortness of breath <input type="checkbox"/> <b>R06.09</b> Other forms of dyspnea <input type="checkbox"/> <b>R06.1</b> Stridor <input type="checkbox"/> <b>R06.2</b> Wheezing <input type="checkbox"/> <b>R06.3</b> Periodic breathing <input type="checkbox"/> <b>R06.6</b> Hiccough <input type="checkbox"/> <b>R06.9</b> Abnormalities of breathing, unspec. <input type="checkbox"/> <b>R06.89</b> Other abnormalities of breathing <input type="checkbox"/> <b>R07.81</b> Pleurodynia <input type="checkbox"/> <b>R07.89</b> Other chest pain <input type="checkbox"/> <b>R07.9</b> Chest pain, unspec. <input type="checkbox"/> <b>R09.3</b> Abnormal sputum <input type="checkbox"/> <b>R09.89</b> Other specified symptoms involving the circulatory & respiratory system <input type="checkbox"/> <b>R50.9</b> Fever, unspecified <input type="checkbox"/> <b>R06.00</b> Dyspnea, Unspecified <input type="checkbox"/> <b>J01.90</b> Acute Sinusitis, Unspecified J00 Acute Nasopharyngitis <input type="checkbox"/> <b>J32.9</b> Unspecified Sinusitis, Chronic <input type="checkbox"/> <b>R09.3</b> Abnormal Sputum <input type="checkbox"/> <b>J44.9</b> Asthma w. chron.pulmonary disease (COPD (HCC) <input type="checkbox"/> <b>J03.90</b> Acute Tonsillitis <input type="checkbox"/> <b>R07.81</b> Pleurodynia <input type="checkbox"/> <b>R53.82</b> Chronic Fatigue, Unspecified	<b>URINARY</b> <input type="checkbox"/> <b>N30.1</b> Interstitial Cystitis (Chronic) <input type="checkbox"/> <b>N30.81</b> Other cystitis with hematuria <input type="checkbox"/> <b>N34.1</b> Nonspecific urethritis <input type="checkbox"/> <b>N34.3</b> Urethral syndrome, unspecified <input type="checkbox"/> <b>N41.0</b> Acute prostatitis <input type="checkbox"/> <b>N45.1</b> Epididymitis <input type="checkbox"/> <b>N45.2</b> Orchitis <input type="checkbox"/> <b>N45.3</b> Epididymo-orchitis <input type="checkbox"/> <b>N45.4</b> Abscess of epididymis or testis <input type="checkbox"/> <b>N50.3</b> Cyst of epididymis <input type="checkbox"/> <b>N72</b> Inflammatory disease of cervix uteri <input type="checkbox"/> <b>N73.5</b> Female pelvic peritonitis, unspecified <input type="checkbox"/> <b>R30.0</b> Dysuria <input type="checkbox"/> <b>R30.9</b> Painful micturition, Unspecified <input type="checkbox"/> <b>R35.0</b> Frequency of micturition <input type="checkbox"/> <b>R39.15</b> Urgency of Urination <input type="checkbox"/> <b>R39.16</b> Straining to void <input type="checkbox"/> <b>R39.9</b> Unspecified symptoms signs involving GU <input type="checkbox"/> <b>R80.1</b> Persistent proteinuria, unspecified <input type="checkbox"/> <b>R82.99</b> Other abnormal findings in urine <input type="checkbox"/> <b>R80.8</b> Other proteinuria <input type="checkbox"/> <b>R80.9</b> Proteinuria, unspecified <input type="checkbox"/> <b>R81</b> Glycosuria <input type="checkbox"/> <b>R82.0</b> Chyluria <input type="checkbox"/> <b>R82.1</b> Myoglobinuria <input type="checkbox"/> <b>R82.2</b> Biliuria <input type="checkbox"/> <b>R82.3</b> Hemoglobinuria <input type="checkbox"/> <b>R82.4</b> Acetonuria <b>TOXICOLOGY</b> <input type="checkbox"/> <b>F11.20</b> Opioid dependence, uncomplicated <input type="checkbox"/> <b>Z79.891</b> Long term (current) use of opiate analgesic <input type="checkbox"/> <b>Z79.899</b> Other long term (current) drug therapy <b>F10.20</b> <input type="checkbox"/> Alcohol dependence, uncomplicated <input type="checkbox"/> <b>F12.93</b> Cannabis use, unspecified with withdrawal <input type="checkbox"/> <b>F18.90</b> Inhalant use, unspecified, uncomplicated <b>F11.23</b> <input type="checkbox"/> Opioid dependence with withdrawal <input type="checkbox"/> <b>F18.10-F18.120</b> Inhalant abuse, uncomplicated- Inhalant abuse with intoxication, uncomplicated <input type="checkbox"/> <b>F19.20</b> Other psychoactive substance dependence, uncomplicated <input type="checkbox"/> <b>F20.0-F20.2</b> Paranoid Schizophrenia- Catatonic Schizophrenia <input type="checkbox"/> <b>F20.89</b> Other Schizophrenia <input type="checkbox"/> <b>I44.0- I44.1</b> Atrioventricular block, first-degree- Atrioventricular block, second-degree <input type="checkbox"/> <b>I44.30</b> Unspecified Atrioventricular block <input type="checkbox"/> <b>I45.81</b> Long QT Syndrome <input type="checkbox"/> <b>I47.0- I47.2</b> Re-entry ventricular arrhythmia- Ventricular tachycardia <input type="checkbox"/> <b>I49.2</b> Junctional premature depolarization <input type="checkbox"/> <b>R44.2- R44.3</b> Other hallucinations- hallucinations, unspecified <input type="checkbox"/> <b>Z03.89</b> Encounter or observation for other suspected diseases and condition ruled <input type="checkbox"/> <b>M54.5</b> Low Back Pain <input type="checkbox"/> <b>Z51.81</b> Encounter for therapeutic drug level monitoring <input type="checkbox"/> <b>F15.20</b> Other stimulant dependence, uncomplicated <input type="checkbox"/> <b>G47.00</b> Insomnia, unspecified <input type="checkbox"/> <b>F14.20</b> Cocaine dependence, uncomplicated <input type="checkbox"/> <b>F17.200</b> Nicotine dependence, unspecified, uncomplec. <input type="checkbox"/> <b>G89.29</b> Chronic Pain Syndrome <input type="checkbox"/> <b>F55.8</b> Abuse of other non-psychoactive substances <input type="checkbox"/> <b>G40.301-G40.319</b> Generalized idiopathic epilepsy and epileptic syndromes, non-intractable, With status epilepticus- Generalized idiopathic epilepsy and epileptic syndromes, non-intractable, Without status epilepticus <input type="checkbox"/> <b>G40.901-G40.919</b> Epilepsy, unspecified, not intractable, with status epilepticus- Epilepsy, unspecified, intractable, without status epilepticus <input type="checkbox"/> <b>M25.511</b> Pain in right shoulder <input type="checkbox"/> <b>M25.512</b> Pain in left shoulder <input type="checkbox"/> <b>R44.0</b> Auditory hallucinations <input type="checkbox"/> <b>Z91.19</b> Patient other non-compliance with other medical treatment and regime <input type="checkbox"/> <b>F11.11</b> Opioid abuse, in remission <input type="checkbox"/> <b>F12.93</b> Cannabis use, unspecified with withdrawal <input type="checkbox"/> <b>F14.11</b> Cocaine abuse, in remission <input type="checkbox"/> <b>M25.50</b> Pain in unspecified joint <input type="checkbox"/> <b>M79.7</b> Soft tissue disorder, unspecified
Write in ICD Code(s) <div></div> <div></div>		

## PATIENT CONSENT AUTHORIZATION

I hereby assign all rights and benefits under my health plan and all rights and obligations that I and my dependents have under my health plan to LabGen, LLC ("LabGen"), its assigned affiliates and authorized representatives for laboratory services furnished to me by LabGen. I irrevocably designate, authorize and appoint Labgen or its assigned affiliates and their authorized representatives as my true and lawful attorney-in-fact for the purpose of submitting my claims, obtain a copy of my health plan document, Summary Plan Description, disclosure, appeal, litigation or other remedies in accordance with the benefits and rights under my health plan and in accordance with federal or state laws. If my health plan fails to abide by my authorization and makes payment directly to me, I agree to endorse the insurance check and forward it to LabGen immediately upon receipt. I hereby authorize LabGen, its assigned affiliates and authorized representatives to contact me or my health Plan/administrator for billing or payment purposes by phone, text message, or email with the contact information that I have provided to LabGen, in compliance with federal and state laws. LabGen, its assigned affiliates and their authorized representa-tives may release to my health plan administrator, my employer, and my authorized representative my personal health information for the purpose of procuring payment of LabGen and for all the laboratory services. I understand the acceptance of insurance does not relieve me from any responsibility concerning payment for laboratory services and that I am financially responsible for all charges whether or not they are covered by my insurance. By signing below, I hereby authorize LabGen to provide my insurance carrier with any information necessary, including test results, for processing my insurance claim. I understand that I am responsible for any co-pay, co-insurance, and unmet deductible that the insurance policy dictates, as well as any amounts not paid by my insurance carrier for reasons including, but not limited to, non-covered and non-authorized services. I understand that I am responsible for sending LabGen any and all payments that I receive directly from my insurance company in payment for this test. I hereby confirm that informed consent has been signed by an individual legally authorized to do so and is on file with this office or the individual's provider's office.

Signature of Patient or Patient Representative / Relationship to Patient:

Date: