

<p>ACCOUNT INFORMATION</p> <p>Specialists in Gastroenterology 11525 Olde Cabin Road St. Louis, MO 63141</p> <p>Ordering physician: Leonard Weinstock, MD</p>	PATIENT	<p>REQUIRED INFORMATION</p> <p>PATIENT LAST NAME FIRST DOB SEX</p> <p>ADDRESS SSN</p> <p>CITY STATE ZIP PHONE</p> <p>INSURANCE COMPANY NAME ID# GROUP #</p> <p>MEDICAID # STATE MEDICARE # (INCLUDE PREFIX/SUFFIX) <input type="checkbox"/> PRIMARY <input type="checkbox"/> SECONDARY MEDICARE RETIREMENT OR DISABILITY DATE</p>
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<p>SEND ADDITIONAL COPY OF REPORT TO:</p> <p><input type="checkbox"/> STAT CALL RESULTS TO:</p> <p><input checked="" type="checkbox"/> FAX REPORT TO: 314-997-5086</p> <p><small>The Codes and Panel structuring are based on our current understanding of medicine. ICD10 and CPT rules in effect at the time this order form was printed and may change without notice.</small></p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Fatigue</td><td>R53.83</td><td>Nausea</td><td>R11.0</td><td>Cog. Dysfx</td><td>R41.8</td></tr> <tr> <td>Myalgia</td><td>M79.1</td><td>Edema</td><td>R60.9</td><td>Rashes</td><td>R21</td></tr> <tr> <td>Dizziness</td><td>R42</td><td>Eye irritation</td><td>H57.1</td><td>Abd. Pain</td><td>R10.9</td></tr> <tr> <td>Hives</td><td>L50.1</td><td>Dyspnea</td><td>R06.0</td><td>Palpitations</td><td>R00.2</td></tr> <tr> <td>Numbness</td><td>R20.2</td><td>GERD</td><td>K21.9</td><td><input checked="" type="checkbox"/> MCAS</td><td>D89.4</td></tr> </table>	Fatigue	R53.83	Nausea	R11.0	Cog. Dysfx	R41.8	Myalgia	M79.1	Edema	R60.9	Rashes	R21	Dizziness	R42	Eye irritation	H57.1	Abd. Pain	R10.9	Hives	L50.1	Dyspnea	R06.0	Palpitations	R00.2	Numbness	R20.2	GERD	K21.9	<input checked="" type="checkbox"/> MCAS	D89.4
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<p>KEY: B-Blue GR-Mint Green (Lith Hep.) P-Pearl DK-Dark Green (Lith Hep.) LAV-Lavender UR-Urine GL-Gold NE-Navy EDTA</p>	<p>DATE COLLECTED</p>	<p>TIME</p>	<p><input type="checkbox"/> FASTING <input type="checkbox"/> NON FASTING</p>	<p>BILL TO: <input type="checkbox"/> PATIENT <input type="checkbox"/> INSURANCE</p>
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NOTE TO PHYSICIAN: WHEN ORDERING TESTS FOR A MEDICARE OR MEDICAID PATIENT, PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. COMPONENTS OF THE ORGAN OR DISEASE PANELS/COMBINATIONS PRINTED BELOW ARE SHOWN ON THE REVERSE SIDE AND MAY ALSO BE ORDERED INDIVIDUALLY BELOW. COMPONENTS MAY BE BILLED SEPARATELY IF ALLOWED BY THE PAYER. IT SHOULD BE NOTED THAT MEDICARE GENERALLY DOES NOT COVER ROUTINE SCREENING TESTS.

	Blood tests to look for MCAS - D89.40	CPT	Directions	Tube
x	Histamine (plasma)	83088	Collect on ice	LAV
x	Prostaglandin D2 (plasma)	84150	Cold centrifuge	LAV
x	Heparin Anti-Xa (plasma)	85520	Send frozen	Vial
x	Tryptase (serum)	83520		Red
x	Chromogranin A (serum)	86316		Red
	CBC w/ differential	85025		LAV
	Cholesterol, total	82465		GR
	Magnesium	83735		GR
	PT/PTT	85610		B
	CMP	80053		GR
	Ferritin	82728		GR
	Vitamin D 25-OH	82306		GL

	Urine tests to look for MCAS - D89.40	CPT	Directions
x	Prostaglandin D2	84150	Keep urine cold at all times and send frozen.
x	24-hr N-Methylhistamine	62530	
x	2,3-Dinor-11Beta-Prostaglandin F2 alpha	84150	
x	24-hr Leukotriene E4	62530	

Patients with Coventry Insurance has to use LabCorp

Check with insurance to check coverage for labs



specialists in gastroenterology

General instructions

Stop PPI (examples: prilosec, omeprazole, nexium, pantoprazole, protonix) and stop NSAIDs (examples: aspirin, motrin, naprosyn, aleve, ibuprofen) for 5 days before the tests

You may continue H1 and H2 blockers (examples: Zyrtec, Claritin, Allegra, Zantac, Pepcid).

If there is an activity, temperature or setting of room/outdoors or there is a food that typically triggers mild to moderate worsening of your symptoms, please do so soon prior to the blood test to try to increase the likelihood that the blood tests will be abnormal (50% of patients do not have abnormal blood tests).

Do not do anything that would trigger severe reactions such as migraine, significant skin, blood pressure/pulse or respiratory changes.

Urine Collection Instructions

Write your start / stop dates and times here and on the label of the orange collection container. These times and the total volume are necessary for accurate test results. The stop time is 24 hours after the start time. For example, if you start at 7 AM one day, your stop time is 7 AM the next day. Urinate at the start time, but do not collect this urine. This urine was made before your collection time period began and should not be part of your collection.

Sincerely,

L. Weinstock