		• • • • •		• • • • •			Today'	s Date:	/ /	
Precision Health Solutions		ns	- 0 0		Facility Office			Private Other		
St Petersbur	rg, FL 33702	0	PHS label here		Facility Office Private Office Name of Location:					
727-235-0886 Fax: 833-288-9397 Lab Director: Laura Hair, MD CLIA # 10D2181177		.77	0 0 0 0 0							
Notice of Privacy Practices go to: www.precision-healthso			solutions.com		Ordering Physician or NP:		NPI #:			
PHS MOLECULAR TESTING REQ			QUISITION		FAX Results to: () -		,		Portal only	
PATIENT INFORMATION					Contact Person:					
Name: LAST		Name	Name: FIRST MI		Contact Person Phone #: () -					
Date of Birth: Sex:			Race:		Email results to:					
I I	Male Fema	le Non-binary	African American							
Phone Number:		Homebound	nebound Asian Caucasian		SAMPLE COLLECTION INFORMATION					
			Hispanic Other		Collection Date: Collection Ti		Nam		Collector Name:	
Address:		J[<u>_</u>		/ /	AM / PM	Yes	5 / No	Name.	
City:		State:	ite: Zip Code		SAMPLE TYPE: CIRCLE ONE Urine: Clean Catch / First Catch / Bagged / Unknown					
					Anterior Nares Fecal Swab /Feces			s Nail clippings		
			Nasopharyngeal Fluid /Tissue/ Swab (Source):							
Caretaker's Name: Caretaker's Phone Number:					BILLING IN	IFORMATION (Select	billing an	d/or paymer	it options)	
(ricese answer any			4) Do you require a screening test for work, school,					SELF PAY (Select payment type)		
1) Have you been exposed Covid-19 (Z20.822)? Yes	d to someone known to ha s / No / Unknown	traverore	travel or event? Yes / No (Z11.52)					Cash Check C/C		
2) Have you previously be	en diagnosed with Covid-1	9 If yes	If yes, select one: Work / School / Travel / Event		Carrier					
(Z86.16)? Yes / No / Un		mc2	st? Yes / No / Unknown		ID#Grp#			If paid by credit card , fill out au- thorization form and attach to		
3) Are you experiencing any of the following symptoms? Symptom ICD10 Code Yes/No			6) Employed in Healthcare? Yes / No / Unknown		Phone #			requisition		
Loss of smell/taste		0	lized? Yes / No / Unknown		Policy holderDOB					
Fever Shortness of breath			8) ICU? Yes / No / Unknown				Payr	nent is expected a	t the time of collection.	
Cough unspecified R05.9 Yes No Headache R51 Yes No			9) Symptomatic as defined by CDC? Yes / No / Unk		Carrier					
Chills without fever	Chills without fever R63.83 Yes No		If yes, the date of symptom onset://							
Congestion Fatigue			10) Pregnant? Yes / No / Unknown				Please	Please bill: Facility / Office / Other		
Sore throat Abdominal pain			r resident in congregate care? Yes /	No / Unk	ID#Grp#Grp#			y once y other		
ICD-10 DX Codes (Required): Please select or write in appropriate code(s). ICD-10 coding is the sole responsibility of the ordering provider										
		ovid-19 Screening (2 Encounter for scr			Common GI and Wound Codes: R19.7 Diarrhea			Common STD and Joint Codes:		
R05.3 Chronic Cough for Covid-19		vid-19	R82.998: Abn.					N89.9 Vag. discharge and itch		
POG 02 Shortness of breath		22 Contact with an	D26 0. Urothr		abdominal pain			M01.X0: Direct infection of unsp. joint		
J01.90: Acute Sinusitis, unspec		cted) exposure to	posure to Covid-19 N41.0: Acute Prostatitis		E11.622: Type 2 diabetes w/ skin		L60.9 Nail disorder, unsp			
OTHER		R	OTHER		ulcer			OTHER		
			-PCR (select panel to test	- Sea otha			n infor	nation		
		INE PANELS:			STD PANELS:		BODY FLUID PANEL:			
			WOUND							
		OL PANEL:					NAIL FUNGAL PANEL:			
			ROINTESTINAL INFECTION			Neisseria gonorrhoeae Trichomonas vaginalis				
Ordering Physician/NP Signature: Patient's Signature:										
Date										
Signature indicates that provider finds it medically necessary to order molecular diagnostic tests that are required to properly treat the provider finds it medical information related to the services described herein and authorize payment directly to Precision Health Solutions. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my health insurance.										

Note: when ordering tests for which Medicare or Medicaid reimbursement will be sought, physicians should only order tests that are medically necessary for the diagnosis or treatment of the patient.