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Location: \_\_\_\_\_

Patient Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male / Female

SPECIALTY TESTS		INDIVIDUAL TESTS CONT.		INDIVIDUAL TESTS CONT.	
Insulin Resistance Test SST		FSH SST		Uric Acid SST	
3HR Glucose Tolerance Test SST		GGT SST		Urine Dip (culture if indicated)	
PANELS		Glucose SST		Urine Culture	
Hepatitis Panel SST(2)		H Pylori PRPL		Urine Malb/Creatinine Ratio	
Basic Metabolic Panel SST		HCG, Quant SST		Urine Protein/Creatinine Ratio	
Comprehensive Metabolic Panel SST		Hemogram PRPL		Valproic Acid SST	
Cardiac Panel (CKMB, TROP I) SST		Hep B Sur Ag SST		Vitamin B12 SST	
Electrolyte Panel SST		Hep C AB SST		Vitamin D 25 Hydroxy SST	
Hepatic Panel SST		Herpes Simplex Virus 1/2 IgG SST			
Lipid Panel SST		HgA1C PRPL		OTHER TESTS	
*Prenatal Panel SST(2) PRPL(2)		HIV SST			
Renal Panel SST		Homocysteine, Cardio SST			
INDIVIDUAL TESTS		Insulin SST			
24 Hr. Protein URINE		Iron, TIBC SST			
24 Hr. Urine Calcium URINE		Iron, Total SST			
**24 Hr. Urine Creat Clearance URINE		LDH SST			
ABO/Rh PRPL		Lipase SST			
Antibody Screen PRPL		Lithium SST			
Albumin SST		Magnesium SST			
ALK Phos SST		MMA SST			
ALT (SGPT) SST		Phosphorus SST		DIAGNOSIS CODES	
Ammonia PRPL		Potassium SST		1. _____	2. _____
Amylase SST		Pregnancy Test, Urine QL		3. _____	4. _____
ANA with reflex 2 SST		Progesterone SST		5. _____	6. _____
AST (SGOT) SST		Prograf/Tacrolimus PRPL		REFERRING DOCTOR	
Bilirubin, Direct SST		Prolactin SST			
Bilirubin, Total SST		Protein, Total SST			
BNP SST		Protime/INR BLU			
BUN SST		PTT BLU			
Calcium SST		PSA SST			
CBC w/Auto Diff PRPL		PTH Intact SST			
Cholesterol, Total SST		Rheumatoid Factor (RF) SST			
Cortisol SST		Rubella SST			
CPK Total SST		Sodium SST			
Creatinine SST		Testosterone, Free & Total SST			
CRP SST		Testosterone, Total SST			
CRP-High Sensitivity SST		Treponema (RPR) SST			
Direct HDL SST		Triglycerides SST			
Direct LDL SST		TSH SST			
ESR-Sed Rate PRPL		T3, Free SST			
Estradiol SST		T4, Free SST			
Ferritin SST		T4, Total (Thyroxine) SST			
Folate/Folic Acid SST					

\* Includes: ABO/Rh/Antibody Screen, RPR, Rubella, Hep B Sur Ag, CBC, HIV

\*\* Includes: Seum Creatinine

Authorizing Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**Patient Instructions  
 IR & GTT**

Fast (do not eat) 10–12 hours before.

No coffee, tea, smoking or gum.

You may have water.

Bring order, insurance card and a good book.