

**ORTHOPEDICS OF ILLINOIS**

The Bone, Joint, & Sports Medicine Center

2200 Fort Jesse Road, Suite 250

Normal, IL 61761

Phone: (309) 268-0000

Fax: (309) 454-5168

Dr. Edward Kolb, MD**Shaun Rudicil, PA-C****David 'Tater' Kieser, APN, CNP****Angie Zumwalt, ATC/L**

Name:
DOB:
Allergies:
Collection Date/Time:

Laboratory/Outpatient Requisition**Laboratory Tests**

Panels	
<input type="checkbox"/>	Basic Metabolic Panel (BMP)
<input type="checkbox"/>	Comp. Metabolic Panel (CMP)

Hematology (Blood)	
<input type="checkbox"/>	CBC with differential
<input type="checkbox"/>	ESR (Sed Rate)
<input type="checkbox"/>	Hemoglobin
<input type="checkbox"/>	Hematocrit

Coagulation	
<input type="checkbox"/>	PT with INR Anticoagulants? Y N Specify drug:
<input type="checkbox"/>	PTT

Chemistry	
<input type="checkbox"/>	ANA
<input type="checkbox"/>	CRP - (not highly sensitive)
<input type="checkbox"/>	RF (Rheumatoid Factor)
<input type="checkbox"/>	Uric Acid

Hematology (Fluid)	
<input type="checkbox"/>	Cell Count w/diff / Synovial Fluid Joint aspirated:
<input type="checkbox"/>	Crystal Analysis / Synovial Fluid Joint aspirated:

Microbiology	
<input type="checkbox"/>	Culture, Urine
<input type="checkbox"/>	Culture & Gram Stain, Fluid (Synovial) Site: Fluid type: Synovial
<input type="checkbox"/>	Culture & Gram Stain, Wound Site:

Urinalysis	
<input type="checkbox"/>	Urine dip w/reflex microscopic

Other Tests	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Outpatient Procedures/Tests

<input type="checkbox"/>	Fluoroscopy Guided Joint Injection Site: Meds: Celestone - 1 mL (6 mg) Marcaine 0.25 % - 4 mL
--------------------------	--

<input type="checkbox"/>	Fluoroscopy Guided Joint Aspiration Site:
<input type="checkbox"/>	Arthrogram of Joint with contrast Modality: CT MRI Joint:

ICD9 Diagnosis Codes

<input type="checkbox"/>	274.0	Arthritis - Gouty
<input type="checkbox"/>	715.15	Arthritis - Hip (osteo)
<input type="checkbox"/>	714.9	Arthritis - Inflammatory NEC
<input type="checkbox"/>	715.16	Arthritis - Knee (osteo)
<input type="checkbox"/>	714.0	Arthritis - Rheumatoid
<input type="checkbox"/>	711.0	Arthritis - Septic
<input type="checkbox"/>	788.1	Dysuria
<input type="checkbox"/>	782.3	Edema
<input type="checkbox"/>	719.06	Effusion - knee
<input type="checkbox"/>	V58.83	Encounter for therapeutic drug monitoring
<input type="checkbox"/>	780.79	Fatigue/Malaise
<input type="checkbox"/>	599.7	Hematuria

<input type="checkbox"/>	682.3	Infection - Arm
<input type="checkbox"/>	681.00	Infection - Finger
<input type="checkbox"/>	682.7	Infection - Foot
<input type="checkbox"/>	682.6	Infection - Leg
<input type="checkbox"/>	V58.61	Long Term Use of Anticoagulants
<input type="checkbox"/>	724.2	Low back pain
<input type="checkbox"/>	726.33	Olecranon Bursitis
<input type="checkbox"/>	729.5	Pain in limb
<input type="checkbox"/>	782.0	Paresthesia/Disturbance skin sensation
<input type="checkbox"/>	V72.84	Pre-op exam NOS
<input type="checkbox"/>	727.61	Rotator Cuff Tear
<input type="checkbox"/>	599.0	UTI, NOS

Ordering provider:	Date:
	Total Tests Ordered:

Please fax results to Orthopedics of Illinois at (309) 454-5168, attention: Angie