# *Quality Laboratory Service*

*2818 OCEAN AVENUE, SUITE #5*
*BROOKLYN, NY 11235*
*Telephone (718) 646-5100*
*Fax (718) 646-6300*
*www.QualityLaboratory.com*


## REQUEST FOR MEDICAL NECESSARY HOME VISIT**
## FAX TO: (718) 646-6300

**By signing below, the physician requesting a home visit by a laboratory phlebotomist is certifying that the patient is homebound (as defined by Medicare) and that both the home visit and the lab tests that are being ordered are medically necessary.**

THIS FORM MUST BE COMPLETED IN FULL

QLS CAN NOT PERFORM HOME VISIT UNLESS THE FORM IS COMPLETED IN FULL

**PLEASE PRINT CLEARLY**

**Patient Name:** _____

**Patient Medicare #** _____

**Date of Birth:** ____/____/____ **[ ] M [ ] F**

**Street Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Patient Telephone #** (____) _____ - _____

**Tests Requested:**

| | |
|---|---|
| **[ ] CBC, DIFF, PLT** | **[ ] GLYCOHEMOGLOBIN A1C** |
| **[ ] PT w/INR & PTT** | **[ ] FASTING GLUCOSE** |
| **[ ] COMPREHENSIVE METABOLIC** Na, K, Kl, Glu, BUN, Cr, Ca, TP, Ab, TBil, AP, AST, ALT | |
| **[ ] SED RATE(ESR)** | **[ ] PSA** |
| **[ ] HEPATIC FUNCTION** Ab, TBil, DBil, AP, AST, ALT, TP | **[ ] LIPID PROFILE** Trig, Chol, HDL, LDLcalc, VLDL calc, Ratios |
| **[ ] THYROID 1** T4, T3Uptake, FTI, TSH | **[ ] IRON DEFICIENCY** IRN, IBC, Sat, FERR |
| **[ ] ARTHRITIS** CBC, ANA, ASO, CRP, RF, ESR | **[ ] DIGOXIN** |
| **[ ] URINALYSIS** | **[ ] DILANTIN** |
| **[ ] URINE CULTURE** | **[ ] B12 + FOLATE DEFICIENCY** |

**Other tests:** _____

**Diagnosis Codes (ICD-9):** _____

**Physician Name:** _____

**UPIN #**_____ **LIC #**_____ **NPI #**_____

**Street Address:** _____

**City:** _____ **State:** _____ **Zip:** _____

**Physician Telephone #** (____) _____ - _____ **Fax #** (____) _____ - _____

**Physician Signature:*** _____ **Date:** _____

***This form must be signed and only the referring physician may sign. Original signature is required and SIGNATURE STAMP IS NOT PERMITED.**

****48 HOURS NOTICE IS REQUIRED FOR ALL HOUSE VISITS.**