

PROVIDER/ACCOUNT INFORMATION

Holistic Health Solutions 74341231
3968 Cerritos Ave
Los Alamitos, CA 90720 USA 562-799-0320

281208 Stewart Edrich, DC

Ordering Provider (if not listed above) _____
NPI # _____ Vendor ID _____

REQUISITION NUMBER: 1428841

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SPECTRACELL USE ONLY

Accession #/Date Received/Batch _____

PATIENT INFORMATION (COMPLETE ALL FIELDS)

Date Specimen Collected _____ Time _____ AM PM Fasting Yes No Sex F M Height _____ ft. _____ in. Weight _____ lbs

Name Last _____ First _____ MI _____ DOB _____ MM/DD/YYYY Phone _____

Patient Address _____ City _____ State/Province _____ Zip _____ Country _____

BILLING OPTIONS (SELECT ONE)

Select Primary Responsible Payor:
 Insurance (Preferred Pay) Medicare Patient Only Provider/Client Only

* Preferred Pay - Prepayment required; must complete Insurance Information Section.
** Medicare (ABN may be required) - No payment required UNLESS Antioxidant & B panel is ordered.

INSURANCE INFORMATION (COMPLETE ALL FIELDS)

▶ **Must also attach a front and back photocopy of insurance or Medicare card.**

Subscriber Name _____ DOB _____

Relation to subscriber Self Child Spouse Other _____

Primary Insurance _____

Subscriber ID # _____ Group # _____

Insurance Co. Address _____

City/State/Zip _____ Phone _____

SSN # _____ ▶ The SSN is an identifier required by some insurances for filing claims.

METHOD OF PAYMENT (SELECT ONE)

Provider/Client: Credit Card On File/Check # _____ Billed Monthly

Patient: Check # _____ Credit Card (complete section below)

Visa MasterCard AMEX Discover

Credit Card Number _____

Cardholder Name _____

Exp. Date _____ Security Code _____

Patient Insurance Authorization

I hereby authorize the release of medical information related to the service described herein to any third party carrier, and assign payment directly to SpectraCell Laboratories, Inc.

Signature _____ Date _____

ICD-10 CODES (REQUIRED FOR INSURANCE/MEDICARE)

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Micronutrient

Micronutrient Kit: 2 ACD Yellow Top Tubes (Sol.A)

Asparagine Calcium Chromium Copper Cysteine Glutamine Glutathione Magnesium Manganese Oleic Acid Serine Vitamin A Vitamin B1 Vitamin B2 Vitamin C Vitamin E Vitamin K2 Zinc

Carnitine • - E71.41, E71.43, E71.448, D63.1, E71.40, CD-10

Folate • - D52.8, D53.9, K90.9, R68.89, R27.9, CD-10

Vitamin B6 • - E53.1, G60.9, G25.89, G25.9, G25.70, CD-10

Vitamin B12 • - E43, E41, D51.3, D51.8, E53.8, CD-10

Vitamin D3 • - E55.9, M81.8, E21.3, E83.51, M83.9, CD-10

Antioxidant & B Panel★

SPECTROX®
IMMUNIDEX™
Coenzyme Q10
Lipoic Acid
Selenium
Biotin
Inositol
Pantothenate
Vitamin B3
Choline
Fructose Sensitivity
Glucose/Insulin Interaction

Has patient had a Micronutrient test before?
 Yes No

CardioMetabolic

Refrigerated Kit: 1 SST, 1 Purple Top Tube

Lipoprotein Fractionation
 Lipoprotein Particle Numbers
 Total Cholesterol ◆
 HDL Cholesterol ◆
 LDL Cholesterol ◆
 Triglycerides ◆
 hs-CRP • I25.10
 Homocysteine • D51.9, E53.8
 Lipoprotein (a)
 Leptin
 Apolipoprotein A-1
 Apolipoprotein B
 Insulin
 Glucose
 Hemoglobin A1c
 C-peptide
 Adiponectin - ht./wt. required; see above.
 OmegaCheck™

Pre-Diabetes

Refrigerated Kit: 1 SST, 1 Purple Top Tube

Insulin
 Glucose
 Hemoglobin A1c
 C-peptide
 Adiponectin - ht./wt. required; see above.
 Leptin
 hs-CRP • I25.10
 Triglycerides ◆
 HDL Cholesterol ◆

Lipoprotein Particle Profile (LPP™)

Refrigerated Kit: 1 SST

LPP™ Basic

Lipoprotein Fractionation
 Lipoprotein Particle Numbers
 Total Cholesterol ◆
 HDL Cholesterol ◆
 LDL Cholesterol ◆
 Triglycerides ◆
 Lipoprotein (a)

LPP™ Plus

hs-CRP • I25.10
 Homocysteine • D51.9, E53.8
 Apolipoprotein A-1
 Apolipoprotein B

Thyroid

Refrigerated Kit: 1 SST

T3 Free (FT3)
 T4 Free (FT4) ◆
 T4 Total ◆
 TSH ◆
 Anti-Thyroglobulin Ab
 Anti-TPO Ab
 Thyroglobulin
 Thyroxine-Binding Globulin (TBG)

Add-On Adrenals

Cortisol (time drawn _____)
 DHEA-S

Hormones/Markers

Refrigerated Kit: 1 SST

	F	M
Androstenedione	<input type="checkbox"/>	<input type="checkbox"/>
DHEA-S	<input type="checkbox"/>	<input type="checkbox"/>
Estrone (E1)	<input type="checkbox"/>	<input type="checkbox"/>
Estradiol (E2)	<input type="checkbox"/>	<input type="checkbox"/>
Estriol, unconjugated (E3)	<input type="checkbox"/>	<input type="checkbox"/>
FSH	<input type="checkbox"/>	<input type="checkbox"/>
IGF-1	<input type="checkbox"/>	<input type="checkbox"/>
LH	<input type="checkbox"/>	<input type="checkbox"/>
SHBG	<input type="checkbox"/>	<input type="checkbox"/>
Testosterone, Total	<input type="checkbox"/>	<input type="checkbox"/>
Testosterone, Free (calc)	<input type="checkbox"/>	<input type="checkbox"/>
Prolactin	<input type="checkbox"/>	<input type="checkbox"/>
Progesterone	<input type="checkbox"/>	<input type="checkbox"/>
PSA Total	<input type="checkbox"/>	<input type="checkbox"/>

1st day of last menstrual cycle _____

Taking oral contraceptives? Yes No

Postmenopausal: Treated Untreated

Genetics

Either Kit: 1 Blue Top

Telomere ★

Genotyping

See reverse side for specimen requirements

Apolipoprotein E •
 Factor V Leiden •
 Prothrombin G20210A •
 MTHFR •

Add-On

See reverse side for specimen requirements

Reverse T3
 CBC w/diff
 Comprehensive Metabolic Panel
 Basic Metabolic Panel
 OmegaCheck™

For SpectraCell Use Only:

ID# _____

Medicare Legend

All tests selected must be medically necessary and marked individually for Medicare, Medicare Replacement Plans, & all other Government plans.

◆ Limited Frequency - ABN required • Limited Coverage - Dx codes & ABN required
★ Statutorily not covered by Medicare - Prepayment required