



OUTPATIENT TESTING CENTER

Beavercreek • Springboro

Vandalia • Middletown • Kettering • Huber Heights

PH: 937-641-4000 Option 1 • Fax: 937-641-5405 • childrensdayton.org

Please print. All information is required.

Date of Request: _____

PATIENT INFORMATION

Patient's Name: _____
 M F DOB: _____
 Parent/Guardian Name(s): _____
 Home Phone: _____
 Cell Phone: _____ Work Phone: _____
 Preferred contact phone: Work Cell Home Best time to call: _____
 Email address: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Do you need an interpreter? _____
 Patient is in custody of: Parents Guardian CSB
Verify precertification prior to testing.
 1st Insurance: _____ ID# _____
Precert # _____ CPT Code _____
 2nd Insurance: _____ ID# _____
Precert # _____ CPT Code _____

REFERRING PROVIDER INFORMATION

Date of Request: _____
 Office Contact Person _____
 Ordering Provider: _____ (please print)
 Additional relevant diagnostic/clinical information or testing: _____
 Phone: _____
 Fax: _____
Provider Signature: _____ (required)
 Does the patient require sedation? **Yes No**
Reason: _____
 ICD-10 Code _____
 LAB: Collection Date _____ Collection Time _____

LAB ORDERS - WALK-IN			
LAB PANELS	ICD-10	MICROBIOLOGY/ VIROLOGY	ICD-10
Basic Metabolic Panel	_____	Blood Culture	_____
Comp Metabolic Panel	_____	Epstein Bar Battery	_____
Electrolyte Panel	_____	Giardia-crypto EIA	_____
Hepatitis Panel	_____	Ova & Parasite (OP)	_____
Lipid Panel	_____	Stool Cult Routine	_____
Liver Function Panel	_____	(Sal/Shig/Camp/Ecoli)	_____
Respiratory Allergy Profile	_____	Stool Cult (Yersinia)	_____
Childhood Allergy Profile	_____	Stool Rotavirus	_____
GI Distress Panel	_____	Strep Culture Only (Throat)	_____
Peanut Component	_____	Urine Cult Source =	_____
Peanut w/o reflex	_____	Rapid Gastro ID Panel	_____
Milk w/o reflex	_____	Rapid Flu-nasal wash	_____
Egg w/o reflex	_____	Rapid RSV-nasal wash	_____
Nut Allergen	_____	Rapid Strep, Reflex to cult	_____
Shellfish Rast Panel	_____	SPECIAL CHEMISTRY	
Egg Component	_____	Lead Level	_____
Milk Component	_____	Free T4	_____
Food Allergy Panel	_____	T4	_____
ROUTINE CHEMISTRY			
Albumin	_____	TSH	_____
Alk Phos	_____	T3	_____
ALT/SGPT	_____	URINES	
Amylase	_____	Pregnancy Qual. Urine	_____
AST/SGOT	_____	Urinalysis (Reflex Micro)	_____
BUN	_____	Urinalysis (Dip Stick)	_____
Bilirubin, Direct	_____	Urinalysis (w/Micro)	_____
Bilimbin. Total	_____	HEMATOLOGY/SEROLOGY	
Calcium	_____	Hemoglobin/Hematocrit	_____
Carbon Dioxide	_____	CBC w/Plt, no Diff	_____
Chloride	_____	CBC w/Plt, w/Diff	_____
Cholesterol	_____	Reticulocyte Count	_____
Creatinine	_____	SedRate (Westergren)	_____
Glucose	_____	Mono Test	_____
Phosphorus	_____	Other Tests	_____
Potassium	_____		
Sodium	_____		
Total Protein	_____		
Triglyceride	_____		
Uric Acid	_____		
HAIC	_____		

RADIOLOGY ORDERS - WALK-IN			
SINUS (WATERS VIEW)			
SINUS SERIES			
FACIAL BONES			
NASAL BONES			
MANDIBLE (NO PANOREX)			
SKULL			
ORBITS			
SELLA TURSIKA LAT			
SOFT TISSUE NECK-ADENOIDS			
SOFT TISSUE NECK-AIRWAY			
C-SPINE AP/LAT/ODON			
C-SPINE FLEX/EXT			
C-SPINE FLEX W/OBLI			
T-SPINE AP/LAT			
L-S SPINE AP/LAT			
L-S SPINE FLEX/EXTEND			
L S SPINE W/OBLI			
SACRUM/COCCYX			
SI JOINTS			
SCOLIOSIS (Follow up AP)			
SCOLIOSIS AP/LAT			
CHEST W/LAT			
RIBS	R	L	BILAT
STERNO-CLAV JTS			
STERNUM			
CHEST/ABD (Foreign Body)			
ABD FLAT PLATE KUB (1 VIEW)			
ABD W/UPRIGHT (2 VIEW)			
HIPS/FROG	R	L	BILAT
PELVIS AP ONLY			
FEMUR	R	L	
KNEE	R	L	
KNEE W/Sunrise	R	L	
TIB/FIB			R L
ANKLE			R L
FOOT			R L
OS CALCIS HEEL			R L
TOES:			
Great	2	3	4 5
CLAVICLE			R L
SHOULDER			R L
SCAPULA			R L
HUMERUS			R L
ELBOW			R L
FOREARM			R L
WRIST			R L
HAND			R L
FINGER			R L
THUMB	2	3	4 5
0-12mos EXTREMITY			
CIRCLE:			
UPPER EXT			R L
LOWER EXT			R L
BONE AGE			
LEAD SURVEY			
FULL LENGTH LEGS			
BOWLEGS			
RICKETTS SURVEY			
SCANOGRAM (HKA)			
SKELETAL SURVEY			
Concussion Baseline Testing			
Call with Results			
Phone # _____			
Fax Results-			
Fax # _____			

_____ EKG Walk-in _____ RhythmStrip Walk-in **LAB: Sweat Chloride (Middletown location only) Scheduled test** _____
 _____ Cardiac Echo *By appt. only (Beavercreek, Vandalia, Middletown)

Reason for Cardiac Echo _____
Ultrasound, Specific Type _____

Reason for Exam _____
Ultrasound available in Beavercreek, Springboro, Vandalia, Middletown and Huber Heights

<p>BASIC METABOLIC PANEL (BMP) BUN Creatinine Sodium Potassium Chloride CO₂ Glucose Calcium</p> <p>LIPIDS PANEL (FATS) Cholesterol HDL LDL Triglyceride VLDL - Calculated</p> <p>ELECTROLYTES (LYT2) Sodium Potassium Chloride CO₂</p>	<p>BILIRUBIN PANEL Bilirubin Total Bilirubin Direct Bilirubin Indirect</p> <p>LIVER FUNCTION (LIVER) Albumin Alkaline Phosphatase ALT AST Bilirubin, Total Bilirubin, Direct Protein, Total</p> <p>RENAL FUNCTION (RNL) Albumin Calcium CO₂ Chloride Creatinine Glucose Phosphorus Potassium Sodium BUN</p>	<p>Comprehensive Metabolic (CPM) Albumin Alkaline Phosphatase AST Bilirubin, Total BUN Calcium Chloride CO₂ Creatinine Glucose Potassium Protein, Total Sodium ALT</p> <p>ACUTE HEPATITIS PANEL (ACHS) Hepatitis A Antibody, IgM Hepatitis B Surface Antigen Hepatitis B Core Antibody, IgM Hepatitis C Antibody</p>	<p>CRITERIA FOR REFLEX MANUAL DIFFERENTIAL</p> <table border="0"> <tr><td>WBC</td><td><3.0</td><td>>20.0</td></tr> <tr><td>HGB</td><td><7.0</td><td>>20.0</td></tr> <tr><td>MCV</td><td><70.0</td><td></td></tr> <tr><td>MCHC</td><td><31.0</td><td>>36.0</td></tr> <tr><td>RDW</td><td></td><td>>20.0</td></tr> <tr><td>PLT</td><td><100.0</td><td></td></tr> <tr><td>SEG</td><td><2.0</td><td></td></tr> <tr><td>LYMPH</td><td></td><td>>75.0</td></tr> <tr><td>MONO</td><td></td><td>>15.0</td></tr> <tr><td>EOS</td><td></td><td>>20.0</td></tr> </table> <p>CRITERIA FOR REFLEX MICROSCOPIC URINE</p> <table border="0"> <tr><td>Protein</td><td>Positive</td></tr> <tr><td>Blood</td><td>Positive</td></tr> <tr><td>Leukocyte Esterase</td><td>Positive</td></tr> <tr><td>Nitrate</td><td>Positive</td></tr> </table>	WBC	<3.0	>20.0	HGB	<7.0	>20.0	MCV	<70.0		MCHC	<31.0	>36.0	RDW		>20.0	PLT	<100.0		SEG	<2.0		LYMPH		>75.0	MONO		>15.0	EOS		>20.0	Protein	Positive	Blood	Positive	Leukocyte Esterase	Positive	Nitrate	Positive
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<p>Respiratory Allergy Panel (RAP) Dust mite (D pteronyssinus) Dust mite (D farinae) Cat dander Dog dander Bermuda grass Cockroach, German Cladosporium herbarum Aspergillum fumigatus Alternaria alternate (A. tenuis) Oak Elm Pecan, Hickory Common ragweed Walnut Common silver birch Cottonwood Box-elder Maple leaf sycamore Mountain juniper Mulberry Common pigweed Russian thistle Sheep sorrel Timothy grass White ash Penicillium chrysogenum Total IgE</p>	<p>G.I. Distress Panel (GIDS) Egg white* Peanut* Walnut Hazelnut Fish, Cod Shrimp Scallop Milk* Soybean Wheat Sesame seed Gluten Celiac Disease tests: tTG IgA tTG IgG Gliadin IgA Gliadin IgG</p> <p>Egg Component (EGGCOP) Egg white Ovalbumin Ovomucoid</p>	<p>Food Allergy Panel (FAP) Egg white* Milk* Fish, Cod Wheat Maize, Corn Peanut* Soybean Shrimp Clam Walnut Scallop Sesame seed Total IgE</p> <p>Peanut Component (PEACOP) Peanut Ara h 8 f352 Ara h 9 f427 Ara h 1 f422 Ara h 2 f23 Ara h 3 f24</p> <p>Nut Allergen Panel (NUT1) Basil nut Peanut* Almond Pecan Cashew Walnut</p>	<p>Childhood Allergy Profile (CHAP) Dust mite (D farinae) Cat dander Dog dander Egg White* Milk* Fish, Cod Wheat Peanut* Soybean Cockroach, German Alternaria alternate (A. tenuis) Dust mite (D pteronyssinus) Shrimp Walnut Total IgE</p> <p>Milk Component (MilkCP) Milk Alpha-lactalbumin Beta-lactalbumin Casein</p> <p>Shellfish Rest Panel (SRP) Crab Shrimp Lobster</p>																																						

*Positive test results automatically reflex to components. These tests can be ordered individually without reflex or as part of the component panels

BEAVERCREEK TESTING CENTER

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

Services by Appointment:

Ultrasound, Echocardiogram
(Call 937-641-4000 to schedule)

3224 Dayton-Xenia Rd. Suite 100
Beavercreek, OH 45434

(Between Taco Bell and Wendy's)
PH 937-641-5770 Fax: 937-429-1336

OUTPATIENT CARE CENTER SPRINGBORO

Testing Services

Mon-Fri 8:30 am to 10:00 pm
Sat 8:30 am to 8:00 pm; Sun 11:00 am to 8:00 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

Services by Appointment:

Ultrasound, Fluoroscopy, CT Scan, MRI
(Call 937-641-4000 option 1 to schedule)

Urgent Care

Mon-Fri 3:00 pm-10:00 pm
Sat and Sun 11:00 am-8:00 pm

3333 West Tech Rd
Miamisburg, OH 45342
(Conveniently located just Off St. Rt 741)
PH: 937-641-5700
Fax 937-350-3050

KETTERING TESTING CENTER

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

4475 Far Hills Ave

Kettering, OH 45429

(Arbor shopping Center at the Corner of Far Hills
and David Road)

PH: 937-641-5760 Fax: 937-296-0740

SPECIALTY CARE-CENTER MIDDLETOWN

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

Services by Appointment:

Ultrasound, Echocardiogram, Specialty
Clinic Referrals
(Call 937-641-4000 to schedule)

100 Campus Loop Rd., Suite A
Franklin, Ohio 45005

(On the Premier Health Campus near Atrium Medical Center)

PH: 513-424-2850, 888-422-4453
Fax: 888-873-3291

VANDALIA TESTING CENTER

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

Services by Appointment:

Ultrasound, Echocardiogram
(Call 937-641-4000 to schedule)

810 Falls Creek Dr
Vandalia, OH 45377

(Near Northwoods Blvd)

PH: 937-641-5765 Fax: 937-576-2218

HUBER HEIGHTS TESTING CENTER

Mon-Fri 8:30 am to 5:30 pm
Sat 8:30 am to 12:30 pm

Walk-In Services:

Lab, X-Ray, EKG, Specimen Drop-Off
Concussion Baseline Testing

Services by Appointment:

Ultrasound
(Call 937-641-4000 option 1 to schedule)

8501 Old Troy Pike
Huber Heights, OH 45424

PH: 937-641-3180 Fax: 937-949-3790*