

Michael Bronshvag MD
11010 White Rock Road, Suite 120
Rancho Cordova, CA 95670

9/22/2017

Tiffany Anderson
1900 Lakeshore Dr.
Lodi CA 95242

Dr. Michael Bronshvag has requested further testing for you. Specifically, the testing he has requested is as follows:

Bloodwork – Repeat Bloodwork Estrogen/progesterone, Trophic hormones, ACTH, TSH, FSH, LH and prolactin levels

The laboratory testing can be done at any Quest lab at your convenience. **Fasting is required – nothing to eat or drink except clear liquids 12 hours prior.** Please take the enclosed paperwork with you.

You will be contacted regarding your appointments for the other test(s), if any are to follow. Thank you for your continued cooperation.

Sincerely,

Kacey Genessy
Testing Coordinator
ExamWorks – 800.458.1261



Locations

Locations	Distance (mi.)	Hours
Quest Diagnostics - Lodi South Ham Lane 801 S HAM LN STE I LODI CA 95242-7502	5.5	M-F 6:30 am-5:30 pm Sa 7:00 am-12:00 pm; Drug Screen: M-F 10:00 am-3:00 pm
Quest Diagnostics - Lodi South Fairmont 845 S Fairmont Ave Ste 6 Lodi CA 95240-5113	5.7	M-F 7:30 am-12:00 pm & 1:00 pm-4:00 pm
Quest Diagnostics - Hammer Lane 1708 W Hammer Ln Stockton CA 95209-2922	8.6	M-F 7:00 am-11:15 am & 11:45 am-3:00 pm; Drug Screen: M-F 8:00 am-2:00 pm
Quest Diagnostics - Stockton 75 West March 75 W March Ln Ste L Stockton CA 95207-5729	10.7	M-F 7:00 am-5:00 pm
Quest Diagnostics - 2291 West March 2291 W March Ln Ste F145 Stockton CA 95207-6664	10.7	M-F 7:30 am-5:00 pm; Drug Screen: M-F 8:30 am-3:00 pm
Quest Diagnostics - Stockton 1801 East March 1801 E March Ln Ste B200 Stockton CA 95210-6660	10.7	M,T,Th,F 6:30 am-4:30 pm W 6:30 am-4:00 pm; Drug Screen: M-F 10:00 am-2:00 pm
Quest Diagnostics - Brookside 3132 W MARCH LN STE 1 STOCKTON CA 95219-2354	10.8	M-F 6:30 am-5:30 pm Sa 7:00 am-11:00 am
Quest Diagnostics - Stockton 2800 North California 2800 N California St Ste 12 Stockton CA 95204-3759	12.2	M-F 7:30 am-4:00 pm; Drug Screen: M-F 10:00 am-2:00 pm
Quest Diagnostics - Stockton East Magnolia 510 E. Magnolia Street STE 130 Stockton CA 95202-1850	13.1	M-F 6:30 am-5:30 pm Sa 7:00 am-12:00 pm; Drug Screen: M-F 10:00 am-3:00 pm



10027255-6 9174689-0

- MY ACCOUNT
- PATIENT
- MEDICARE
- RAILROAD MEDICARE
- Medi-Cal
- Lab Card/Select
- OTHER INSURANCE

LITANY HANCOCK

PATIENT ID / REGISTRATION # _____ DATE OF BIRTH **8/22/70**

ROOM # _____ LAB REFERENCE # _____

COUNTY # **LANHORN**

NAME: **11010 WHITE ROCK RD STE 120**

ADDRESS: **RANCHO CORDOVA, CA 95670-6963**

PHONE # **916-458-1261**

DID YOU KNOW

Patient Service Center location and appointment scheduling information is on the back.

Each sample should be labeled with at least two patient identifiers at time of collection.

DATE COLLECTED _____ TIME AM PM TOTAL VOL/HR. _____ ML _____ HR Fasting Non Fasting

UPI/PIN ORDERING/SUPERVISING PHYSICIAN AND/OR PAYORS (MUST BE INDICATED)

PATIENT SOCIAL SECURITY # _____ PATIENT PHONE # _____

PATIENT STREET ADDRESS **1900 Lakeshore Dr.** APT. # _____ KEY _____

CITY **Lodi** STATE **CA** ZIP **95242**

PRINT NAME OF INSURED/RESPONSIBLE PARTY (LAST, FIRST, MIDDLE) - IF OTHER THAN PATIENT **Duffi Thsfg - Aims**

INSURED ADDRESS **Po Box 269120**

CITY **Sacramento** STATE **CA** ZIP **95826**

PRIMARY INSURANCE

RELATIONSHIP TO INSURED SELF SPOUSE DEPENDENT

INSURANCE COMPANY NAME / IPA NAME _____

INSURANCE COMPANY ADDRESS _____ CITY _____ ST _____ ZIP _____

INSURANCE ID # _____ GROUP # / DATE OF INJURY _____

MEDICARE # _____ MEDICAL # _____

EMPLOYER NAME / EMPLOYER # _____

fast

ADDIT'L PHYS.: Dr. _____ NPI/UPIN _____

PHYSICIAN PROVIDER: _____ NAME _____ I.D.# _____

Fax Results to: () **916 420 2915**

Client # OR NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

Medicare Limited Coverage Tests

Provide signed ABN when necessary

ICD Codes (enter all that apply)

E28.0

COMPONENTS ON BACK

- ORGAN / DISEASE PANELS**
- 34392 Electrolyte Panel S
 - 10256 Hepatic Function Panel S
 - 10165 Basic Metabolic Panel S
 - 10231 Comp Metabolic Panel S
 - B 7600 Lipid Panel (Fasting) S
 - B 14852 Lipid Panel w/Reflex D-LDL S
 - B 20210 Obstetric Panel w/Reflex Y,L,S
 - B 10306 Hepatitis Panel, Acute w/Reflex S
 - 10314 Renal Functional Panel S

- HEMATOLOGY**
- @ 510 Hemoglobin L
 - @ 509 Hematocrit L
 - @ 1759 CBC (Hgb, Hct, RBC, WBC, Plt) L
 - @ 6399 CBC w/Diff (Hgb, Hct, RBC, WBC, Plt, Diff) L
 - B 8847 PT with INR B
 - @ 763 PTT, Activated B

- OTHER TESTS**
- 7788 ABO Group & Rh Type Y
 - @ 237 AFP Tumor Marker S
 - 223 Albumin S
 - 234 Alkaline Phosphatase S
 - 823 ALT S
 - 243 Amylase S
 - 249 ANA w/Reflex Titer S
 - 795 Antibody Scr, RBC w/Reflex ID Y
 - 822 AST S
 - 285 Bilirubin, Direct S
 - 287 Bilirubin, Total S

- 4420 C-Reactive Protein (CRP) S
- @ 29493 CA 27.29 S
- @ 29256 CA 125 S
- 303 Calcium S
- 11173 CCP Ab IgG S
- B 978 CEA S
- B 334 Cholesterol, Total S
- 374 CK, Total S
- 375 Creatinine S
- 402 DHEA Sulfate, Immunoassay S
- B 8293 LDL Cholesterol, Direct S
- 4021 Estradiol S
- @ 457 Ferritin S
- 466 Folic Acid S
- 470 FSH S
- B 482 GGT S
- 8477 Glucose, Gestational Screen (50g), 135 cutoff GY
- 19833 Glucose, Gestational Screen (50g), 140 cutoff GY
- B 484 Glucose, Plasma GY
- B 483 Glucose, Serum S
- 8435 hCG, Serum, Qual S
- B 8396 hCG, Serum, Quant S
- B 496 Hemoglobin A1c L
- B 16802 Hemoglobin A1c w/eAG L
- 499 Hep B Surface Ab Qual S
- 498 Hep B Surface Ag w/Reflex Confirm S
- 8472 Hep C Virus Ab S
- 91431 HIV-1/2 AG/AB, 4th w/Reflex S
- 31789 Homocysteine S
- 10124 hs CRP S
- 561 Insulin S
- 549 Immunofixation (IFE) S
- @ 7573 Iron, TIBC, % Sat S

- @ 571 Iron S
- 593 LDH S
- 599 Lead, Blood TN
- 615 LH S
- 606 Lipase S
- 6646 Lyme Disease Ab w/Reflex to Blot (IgG, IgM) S
- 622 Magnesium S
- 6517 Microalbumin, Random Urine w/Creat S
- F 11290 Occult Blood, Feces - FIT InSure®1 S
- 718 Phosphorus S
- 733 Potassium S
- 745 Progesterone S
- 746 Prolactin S
- B 5363 PSA, Total S
- 793 Reticulocyte Count, Automated L
- 4418 Rheumatoid Factor S
- 799 RPR (Monitoring) w/Reflex Titer S
- 36126 RPR (DX) w/Reflex Confirm S
- 802 Rubella IgG S
- 809 Sed Rate by Mod West L
- 15983 Testosterone, Total, LC/MS/MS SR
- 873 Testosterone, Total, Male SR
- 5081 Thyroid Peroxidase Antibodies (TPO) S
- B 896 Triglycerides S
- B 898 TSH S
- B 36127 TSH w/Reflex T4, Free S
- 34429 T3, Free S
- 859 T3, Total S
- B 861 T3 Uptake S
- B 867 T4 (Thyroxine), Total S
- B 866 T4 (Thyroxine), Free S

- 6448 UA, Dipstick Only S
- 7909 UA, Dipstick w/Reflex Microscopic S
- 5463 UA, Complete (Dipstick & Microscopic) S
- @ 3020 UA, Complete, w/Reflex Culture S
- 294 Urea Nitrogen (BUN) S
- 905 Uric Acid S
- 916 Valproic Acid S
- 4439 Varicella-Zoster Virus Ab (IgG) S
- 7065 Vitamin B12/Folic Acid S
- 927 Vitamin B12 S
- 17306 Vitamin D, 25-Hydroxy, Total, Immunoassay S
- 91935 Vitamin D (QuestAssure™ for Infants) S

- MICROBIOLOGY**
- Source (Required)
- 4550 Culture, Aerobic Bacteria* S
 - 4446 Culture, Aerobic & Anaerobic* S
 - 4485 Culture, Group A Strep* S
 - 5617 Culture, Group B Strep* S
 - 4558 Culture, Genital* S
 - 394 Culture, Throat* S
 - @ 395 Culture, Urine, Routine*(Inc. Indwelling) S

- Amplified Specimen Type (Aptima)**
- Endocervical Urethral Urine
 - 11363 Chlamydia & N. gonorrhoeae RNA, TM S
- Stool Pathogens (Salm/Shig/Campy, Culture, Stool, Shiga toxins w/Reflex)**
- 10108 Culture, Stool, Shiga toxins w/Reflex: S
 - 34838 H. pylori Ag, EIA Stool S
 - 14839 H. pylori Urea Breath Test S
 - 681 O & P w/Permanent Stain S

ADDITIONAL TESTS: (INCLUDE COMPLETE TEST NAME AND ORDER CODE)

Reflex tests are performed at an additional charge.

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* estrogen/progesterone, tropic hormones

* prolactin levels, ACTH

COMMENTS, CLINICAL INFORMATION:

TOTAL TESTS ORDERED

10027255 10027255 10027255

9174689 9174689 9174689

NAME: 10027255 10027255

9174689 9174689

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

Quality Check Form

Fill out this portion for Manual Requisition	Patient Name written on Manual Requisition		Collection Date	
	Print Patient Name		Draw Fee Code	
			Transaction Code(s)	
	Site Code	Patient Verification: My signature indicates that my* sample(s) was/(were) labeled in my presence and the information and the spelling of the name is accurate. <hr/> *Patient Signature or Authorized Designee <hr/> Date / Relationship to Patient	Tube Inventory	Exceptions
Arrival Time	Samples Collected		Samples Submitted	Check type below (Use Exception Sticker)
Collected Time				<input type="checkbox"/> Potential QNS
Drop Off Time				<input type="checkbox"/> Drop Off Labeling Discrepancy
1 st QC				<input type="checkbox"/> Drop Off Non Std Container
2 nd QC			<input type="checkbox"/> Split/Shared Sample	
3 rd QC			<input type="checkbox"/> Add'l Processing	
			<input type="checkbox"/> Other	

Contact used in conjunction with Care360 requisition and Manual requisition

Documentation of Client Contact

- | | | |
|--|---|--------------------------------|
| <input type="checkbox"/> Clarification of an unclear test order(s) | <input type="checkbox"/> ICD-9 Code(s) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Verbal Order - <u>Under Review</u> | <input type="checkbox"/> Standing Order Information | <input type="checkbox"/> NTR |

Date Called: 10/26/2017 Time Called: 10:11 Name of Contact: Sabrina

Information Obtained Through Client Contact

Test(s) Ordered	Clarified Test Code(s)
1. <u>Trophic Hormones</u>	1. <u>Trophic Hormones is a</u>
2.	2. <u>dup test to ACTH and</u>
3.	3. <u>TSH -</u>
ICD-9 Code(s):	Other: <u>Okay to Allow</u>

Employee Name: Vive Xiong Signature: [Signature]

*If unable to make contact with client, document below:

Attempted to call Client date: / / time: : initial

- office closed or went to voicemail/exchange: unable to call back
- on hold 5+ min
- authorized personnel not available to clarify
- other _____

Attachment PSC:QE7
ANDERSON, TIFFANY
SA 046295 C

