

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_

Please check involved eye:  Right  Left  Both

Diagnosis:

Conjunctivitis      Clinical Onset: \_\_\_\_\_  
 Keratitis  
 Blepharitis  
 Other: (diagnostic code) \_\_\_\_\_

Treatment Instituted: \_\_\_\_\_

Source of Specimen:  Cornea: \_\_\_\_\_  Conj.: \_\_\_\_\_  Lids: \_\_\_\_\_

Other: \_\_\_\_\_

Tests Requested\* (CPT Code)

<input type="checkbox"/> Bacterial Culture Aerobic (87070)	<input type="checkbox"/> HSV 1+2 PCR (87529)
<input type="checkbox"/> Fungal Culture (87102)	<input type="checkbox"/> ADV PCR (87798)
<input type="checkbox"/> Smear Gram/Giemsa (87205)	<input type="checkbox"/> Chlamydia NAAT (87491)
<input type="checkbox"/> Acanthamoebae Culture (87081)	<input type="checkbox"/> Other PCR _____
<input type="checkbox"/> Acanthamoebae PCR (87798)	_____
<input type="checkbox"/> Other Culture: _____	_____

\* Antibiotic susceptibilities and bacterial/fungal I.D.s will be performed on clinically appropriate pathogens for additional charges unless otherwise notified.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  M  F

Order Location: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

MR#: \_\_\_\_\_

Account: \_\_\_\_\_

Patient Referred to: \_\_\_\_\_

Medicare and Medicaid will only pay for those tests which are medically necessary for the diagnosis or treatment of a beneficiary. You, the ordering physician are responsible for assuring the medical necessity of the testing order. The Office of the Inspector General for The Federal Department of Health Services considers the ordering of medically unnecessary tests to be an abusive and/or fraudulent practice which can subject the person ordering the tests to sanctions or remedies available under civil, criminal or administrative law.

\_\_\_\_\_  
\_\_\_\_\_

## LAB USE ONLY - DO NOT WRITE IN THIS SPACE

Gentamicin	_____	MIC	Amikacin	_____	MIC
Moxifloxacin	_____	MIC	Ceftazidime	_____	MIC
Vancomycin	_____	MIC	Ciprofloxacin	_____	MIC
Cefoxitin	_____	MIC	Polymyxin B	_____	MIC
_____	_____	MIC	Tobramycin	_____	MIC
_____	_____	MIC	_____	_____	MIC

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Moxifloxacin	_____	MIC	Ceftazidime	_____	MIC
Vancomycin	_____	MIC	Ciprofloxacin	_____	MIC
Cefoxitin	_____	MIC	Polymyxin B	_____	MIC
_____	_____	MIC	Tobramycin	_____	MIC
_____	_____	MIC	_____	_____	MIC

Received: \_\_\_\_\_

Out: \_\_\_\_\_