

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

Medical Record No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Physician/Location: \_\_\_\_\_

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

Physician Notification: \_\_\_\_\_

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.

## THIS SPACE FOR RESULTS ONLY

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

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Cefoxitin _____	MIC _____	Ciprofloxacin _____	MIC _____
_____	MIC _____	Polymyxin B _____	MIC _____
_____	MIC _____	_____	MIC _____

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

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