

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: _____

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
_____ mic	_____ mic

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_____ mic	_____ mic

Received: _____

Out: _____