

SUN CLINICAL LABORATORIES

9349 Telstar Ave., Suite A & B
El Monte, CA 91731
(626) 234-2355

210 N. Garfield Ave., #216
M.P., CA 91754 (626) 573-9113

625 W. College St., #107
L.A., CA 90012 (213) 626-6311

1048 S. Garfield Ave., #302
Alh., CA 91801 (626) 293-1690

650 W. Duarte Rd., #108
Arc., CA 91007 (626) 462-5891

25 N. Santa Anita, #D
Arc., CA 91006 (626) 294-1979

223 N. Garfield Ave., #303
M.P., CA 91754 (626) 573-5845

18383 E. Colima Rd.
R.H., CA 91748 (626) 965-1022

767 S. Sunset Ave., #2
W.C., CA 91790 (626) 962-3200

3131 Santa Anita Ave., #111
E.M., CA 91733 (626) 350-6260

500 N. Garfield Ave., #206A
M.P., CA 91754 (626) 573-3311

925 S. Garfield Ave.,
Alh., CA 91801 (626) 943-9945

1850 S. Azusa Ave., #110
H.H., CA 91745 (626) 581-3200

9200 Colima Rd., #102
Whr., CA 90605 (562) 696-4140

207 Santa Anita St., #385
S.G., CA 91776 (626) 293-7679

1104 S. Diamond Bar Blvd.
D.B., CA 91765 (909) 860-7187

18605 E. Gale Ave., #168
Ind., CA 91748 (626) 723-7891

NAME (LAST)	FIRST	MIDDLE	DATE
ADDRESS			SEX (CIRCLE) M - F
CITY	ZIP CODE	TELEPHONE	BIRTH DATE

If complete/legible information is not submitted, client/doctor will be billed
ASSIGNMENT
I authorize payment of medical benefits payable to me to be issued to SUN Clinical Laboratories.

I understand that I am financially responsible for all charges not covered. Certain tests may not be covered by Medicare/Medi-Cal pursuant to ABN on back of form. A photocopy of this authorization will be as valid as an original.

INSURED'S SIGNATURE (Required)

STAT ()
TELEPHONE NO. FOR STAT

BILLING

<input type="checkbox"/> DOCTOR	<input type="checkbox"/> AP	<input type="checkbox"/> GOM	Diagnosis: (Required)
<input type="checkbox"/> PATIENT	<input type="checkbox"/> GSGP	<input type="checkbox"/> RMG # _____ 1 _____	
<input type="checkbox"/> INSURANCE	<input type="checkbox"/> HCP	<input type="checkbox"/> SLSG ADV # _____ 2 _____	
<input type="checkbox"/> MEDI-CAL/CAID	<input type="checkbox"/> SLSG MED GROUP	# _____ 3 _____	
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> DIRECT CENTRAL HEALTH		

CLEARLY CHECK THE PROFILE(S) / INDIVIDUAL TEST(S) CODE(S) REQUESTED

SELECT ONLY TEST(S) FOR WHICH A DIAGNOSIS / MEDICAL NECESSITY WARRANTS / CAN BE VALIDATED (SEE ICD9)

PROFILES

223	SST/G	CMP	(CA, BS, CREAT, BUN, T BIL, TP ALB, DT, PT, ALK, LYTE)	6	SST	LIPID (CHOL, TRIG, HDL, LDL, RISK)	57	L	HGB ELECTROPHORESIS	88	L	CBC/PLTT W/ABSOLUTE CT.			
10	SST/G	BMP	(CA, BS, BUN, CREAT, LYTE)	2	SST/G	SMA 12 (CA, P, BS, BUN, CHOL, URIC, TP ALB, BIL, ALK, LDH, DT)	8	R/L	ARTHRITIC PROFILE (RA, ANA, ESR, URIC ACID)	85	L	CBC/PLTT (WBC, RBC, Hb, RDW, DIFF, EST, PLTT MORPHOLOGY)			
7	SST	LIVER	(CHOL, TP ALB, GLO, A/G, BIL, ALK, AST, ALT, GGT)	4	SST	ELECTROLYTE PROFILE (NA, K+, CL, CD)	811	SST	THYROID PROFILE (T UPTAKE, T4, FTI)	99	U	URINALYSIS			
3	SST	RENAL	(ALB, CA, PHO, GLU, BUN, CREAT, LYTE)	9	SST/L	PRENATAL (ABC, RH, RPR, RUBELLA, CBC, PL, TT, UA)	812	SST	THYROID PROFILE II (T UPTAKE, T4, FTI, TSH)	426	U	MICROALBUMIN W/CREAT RATIO			
INDIVIDUAL TESTS				ENDOCRINOLOGY				CANCER MARKERS (Cont.)				THERAPEUTIC DRUG			
SST	AMYLAASE	2033		SST	PTH INTACT	4228		SST	CA 125	2098	L	CYCLOSPORIN	2690		
SST	ANA, LATEX	2034		SST	T-3 TOTAL	2292		SST	CEA	2072	SST	DIGOXIN	2121		
SST	ASO	2043		SST	FREE T-3	2138		SST	PSA, TOTAL	2370	SST	DILANTIN	2122		
SST	B - 12	2311		SST	FREE T-4	2136		SST	PSA, TOTAL & FREE	437	SST	DEPAKENE	2119		
SST	CK, TOTAL	4096		SST	TSH (ULTRA S.)	2304		COMMUNICABLE DISEASE				L	FK (506) / TACROLIMU	2635	
SST	CK, MB	3702		SST	T-4 TOTAL	2296		SST	STS (RPR)	2288	SST	LITHIUM	2206		
L	ESR	4276		L	HGB A1C	2166		SST	HIV	2170	SST	PHENOBARBITAL	2228		
G	FASTING GLUCOSE	2144		SST	25-OH VITAMIN D	1627		BD	CHLAMYDIA, DNA	2551	SST	THEOPHYLLINE	3078		
SST	HDL	3165		HORMONE				U	CHLAMYDIA (U), DNA	2851	SST	VACOMYCIN (TR)	2593		
SST	HETEROPHIL (INF, MONO)	2174		SST	ESTRADIOL	3769		BD	GONORRHEA, DNA	2554	SST	VACOMYCIN (PK)	2594		
SST	IRON/TIBC	301		SST	ESTRIOL	2127		U	GONORRHEA (U), DNA	2854	MICROBIOLOGYSOURCE: Please specify source of specimen:				
L	LEAD (PED)	2195		SST	ESTROGEN	4128		SST	HERPES I (IGG)	2996	AFB SMEAR	2107			
L	LEAD (ADULT)	2495		SST	FSH	2134		SST	HERPES II (IGG)	2999	AFB CULTURE	2108			
SST	LIPASE	2200		SST	LH	2205		SST	HERPES I & II (IGM)	2384	FUNGUS CULTURE	2115			
SST	PREGNANCY (S)	2236		SST	PROLACTIN	2240		HEPATITIS				G.C. CULTURE	2113		
U	PREGNANCY (U)	2238		SST	TESTOSTERONE TOTAL	2290		SST	HAV Ab (IGM)	2225	GP A STREP SCREEN	3248			
B	PROTIME W/INR	445		SST	TESTOSTERONE FREE & TOTAL	173		SST	HAV Ab (TOTAL)	2163	GP B STREP SCREEN	4118			
B	P.T.T.	224		CANCER MARKERS				SST	HBc Ab (IGM)	2342	GRAM STAIN	2158			
SST	RA LATEX	2260		SST	AFP	2031		SST	HBc Ab (TOTAL)	2044	ROUTINE CULTURE	3116			
L	RETIC CT	2264		SST	CA 15-3	2860		SST	HBe Ab	2046	THROAT CULTURE	3278			
SST	RUBELLA ANTIBODY	2272		SST	CA 19-9	3410		SST	HBe Ag	2162	URINE CULTURE	3090			
L	SICKLE CELL	2275		SST	CA 27-29	1558		SST	HBs Ab	3161	VAGINAL CULTURE	3167			
SST	URIC ACID	2308						SST	HBs Ag	2160	BLOOD CULTURE	3366			
								SST	HCV Ab	2554	STOOL CULTURE	2114			

OTHER TESTS

PHYSICIANS SIGNATURE OR OTHER AUTHORIZED SIGNATURE (Required)

<input type="checkbox"/> SST	<input type="checkbox"/> RED	<input type="checkbox"/> L LAVENDER	<input type="checkbox"/> G GRAY	<input type="checkbox"/> BL BLUE	<input type="checkbox"/> U URINE	<input type="checkbox"/> STOOL	<input type="checkbox"/> SLIDE	<input type="checkbox"/> OTHER	COLLECTOR'S INITIAL	DATE & TIME OF COLLECTION
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DIRECTORS

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