



River Town Diagnostics
 Address: 8563 Argyle Business loop ste 2
 Jacksonville, FL 32244 Phone: (904) 619-9299
 Email: support@rivertowndx.net CLIA# 10D2173247

PRACTICE INFORMATION

COMPREHENSIVE INFECTIOUS DISEASE REQUISITION FORM Please see Reverse side to Complete Form

PATIENT INFORMATION – IMPORTANT –Include a current medication list AND a patient face sheet OR complete next two sections below and include photocopy of insurance card (front and back).

First Name	Last Name	Phone Number	Biological Sex <input type="checkbox"/> F <input type="checkbox"/> M
DOB (MM/DD/YYYY)	DOD (if applicable)	Email ID	
Address		City	State
		ZIP	

Ethnicity: Hispanic or Latino Not Hispanic or Latino Unknown **Race:** American Indian/Alaska Native Asian Black/African American Multi Race Native Hawaiian/Pacific Isles White Other

PATIENT INSURANCE INFORMATION –Attach patient demographics and copy of insurance card Medicare Commercial Medicaid

SPECIMEN INFORMATION* **DIAGNOSIS (ICD-10) CODES**

STI <input type="checkbox"/> First Void Urine <input type="checkbox"/> Urethral Swab <input type="checkbox"/> Vaginal Swab	UTI <input type="checkbox"/> Urine <input type="checkbox"/> Urine Swab	WOUND <input type="checkbox"/> Wound Swab wound location below _____	COVID / RPP / MINI RPP <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Oropharyngeal	Collection Time AM/PM: Collection Date:
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- SKIN / WOUND / SOFT TISSUE**
- E11.621 Type 2 diabetes mellitus with foot ulcer
 - E11.622 Type 2 diabetes mellitus with other skin ulcer
 - L03.115 Cellulitis of right lower limb
 - L03.116 Cellulitis of left lower limb
 - L89.143 Pressure ulcer of left lower back, stage 3
 - L89.154 Pressure ulcer of sacral region, stage 4
 - L89.313 Pressure ulcer of right buttock, stage 3
 - L89.323 Pressure ulcer of left buttock, stage 3
 - L89.513 Pressure ulcer of right ankle, stage 3
 - L89.893 Pressure ulcer of other site, stage 3
 - L89.894 Pressure ulcer of other site, stage 4
 - M86.171 Other acute osteomyelitis, right ankle and foot
 - M86.172 Other acute osteomyelitis, left ankle and foot
 - M86.180 Other acute osteomyelitis, other site
 - S81.001A Unspecified open wound, right knee, initial encounter
 - S81.002A Unspecified open wound, left knee, initial encounter
 - S81.801A Unspecified open wound, right lower leg, initial encounter
 - S81.802A Unspecified open wound, left lower leg, initial encounter
- RESPIRATORY / ENT / CNS**
- J06.9 Upper respiratory tract infection NOS, acute or subacute
 - J06.9 Upper respiratory disease, acute
 - R53.81 Other malaise
 - R05.9 Cough, Unspecified
 - R06.02 Shortness of breath
 - R06.09 Other forms of dyspnea
 - R50.9 Fever, unspecified
 - R06.00 Dyspnea, Unspecified
 - J03.90 Acute Tonsillitis
 - R53.82 Chronic Fatigue, Unspecified
- URINARY**
- N39.0 Urinary tract infection, site not specified
 - N41.0 Acute prostatitis
 - R30.9 Painful micturition, Unspecified
 - R35.0 Frequency of micturition
 - R39.15 Urgency of Urination
 - R39.16 Straining to void
 - R39.9 Unspecified symptoms signs involving GU
 - R82.998 Other abnormal findings in urine
- GI**
- R19.7 Diarrhea, unspecified
 - R11.0 Nausea (without vomiting)
 - R11.11 Vomiting without nausea
 - R11.2 Nausea with vomiting
 - R12 Heartburn (excludes dyspepsia)
 - R14.0 Abdominal distension (bloating)
 - R14.1 Gas pain
 - R19.11 Absent bowel sounds
 - R19.12 Hyperactive bowel sounds
 - R19.4 Change in bowel habits
 - R19.5 Occult blood in feces/stool
 - K30 Functional dyspepsia (indigestion)
 - K59.00 Constipation
 - K29.70 Gastritis, unspecified, w/o bleeding
 - K29.61 Other gastritis with bleeding
 - B96.81 H.pylori ascause of diseases classified elsewhere
- Z86.19 Personal history of other infectious and parasitic diseases**
 Write in ICD-10 codes

TEST ORDER: PLEASE MAKE A PANEL SELECTION FROM THE FOLLOWING LIST:

- COVID-19 ONLY**
- COVID-19 + INFLUENZA A/B + RSV**
- SEXUALLY TRANSMITTED INFECTION PANEL (STI)**
BACTERIA
 Chlamydia trachomatis (CT)
 Neisseria gonorrhoea (NG)
 Trichomonas vaginalis (TV)
 Mycoplasma genitalium (MG)
- Urinalysis**
- Urinalysis, with Reflex to Urine Pathogen Panel**
 Select this box if you want ABR tested if positive for any bacteria

- URINE PATHOGEN PANEL with ABR**
BACTERIA
 Acinetobacter baumannii
 Citrobacter spp. 1
 Enterobacter cloacae
 Enterococcus spp. 2
 Escherichia coli
 Klebsiella aerogenes
 Klebsiella oxytoca
 Klebsiella pneumoniae
 Morganella morganii
 Proteus spp. 3
 Providencia stuartii
 Pseudomonas aeruginosa
 Staphylococcus saprophyticus
 Streptococcus agalactiae
 - FUNGI**
 Candida albicans
1. Citrobacter freundii, Citrobacter werkmanii, Citrobacter cronae, Citrobacter portucalensis, Citrobacter arsenatis, Citrobacter europaeus, Citrobacter braakii
 2. Enterococcus faecalis, Enterococcus faecium, Enterococcus laevis
 3. Proteus mirabilis, Proteus vulgaris, Proteus penneri, Proteus hauseri, Proteus terrae, Proteus columbae

- FUNGAL, SEPSIS & WOUND PANEL with ABR**
BACTERIA
 Acinetobacter baumannii
 Anaerococcus spp. 1
 Bacteroides fragilis
 Citrobacter spp. 2
 Enterococcus spp. 3
 Escherichia coli
 Herpes simplex virus 1
 Klebsiella oxytoca
 Klebsiella pneumoniae
 Proteus spp. 4
 Pseudomonas aeruginosa
 Serratia marcescens
 Staphylococcus aureus
 Staphylococcus epidermidis
 Streptococcus agalactiae
 Streptococcus pyogenes
 - FUNGI**
 Candida spp. 5
 Candida glabrata
 Candida krusei
1. Anaerococcus prevelli, Anaerococcus vaginalis
 2. Citrobacter freundii, Citrobacter werkmanii, Citrobacter cronae, Citrobacter portucalensis, Citrobacter arsenatis, Citrobacter europaeus, Citrobacter braakii
 3. Enterococcus faecalis, Enterococcus faecium, Enterococcus laevis
 4. Proteus mirabilis, Proteus vulgaris, Proteus penneri, Proteus hauseri, Proteus terrae, Proteus columbae
 5. Candida albicans, Candida dubliniensis, Candida tropicalis, Candida parapsilosis

PHYSICIAN AUTHORIZATION

This test is medically necessary for the risk assessment, diagnosis, or detection of a disease, illness, impairment, symptom. By submitting this physician order form, I acknowledge the test(s) ordered are medically necessary and reasonable for diagnostics and treatment decision. I acknowledge only medically necessary testing should be ordered. As a provider, I acknowledge that the requested test(s) are medically necessary, and a written order is contained in the patient's records

Authorizing Provider Name	Authorizing Provider NPI#
Authorizing Provider Signature	Date