

Lab Order

Frederick County Pediatrics

Ordering Provider

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Order

SARS COV 2 RNA (COVID-19), QL, RPT-PCR, Respiratory Specimen * Bill: Third Party

Symptoms / Reason for Test *

Fever * ICD-10: R50.9; Fever, unspecified

Cough * ICD-10: R05.9; Cough, unspecified

Close contact to COVID positive person * ICD-10: Z20.828; Contact with and (suspected) exposure to other viral communicable diseases

Sore Throat * ICD-10: J02.9; Acute pharyngitis, unspecified

Loss or taste or smell * ICD-10: R43.9; unspecified disturbances of smell and taste

Patient Name *

First Name Last Name

Patient Date of Birth *



Month Day Year

Patient Address *

Street Address

Street Address Line 2

Patient Phone Number *

Please enter a valid phone number.

Patient Primary Insurance Company *

Patient Primary Insurance ID # *

Policy Holder / Guarantor *

Name

Secondary Insurance & ID #

Today's Date *



Month Day Year