Pinnacle Allergy
GET TESTED | GET TREATED | FEEL BETTER

TEST REQUISITION FORM

1 PATIENT DEMOGRAPHIC INFORMATION

(REQUIRED – THIS **PAGE** AND **COPY OF VALID DRIVER'S LICENSE**):

Last Name/First Name/M.I.
/ /

Address/City/State/Zip
/ / /

Contact Phone Number (_____-_____-_____) **DATE OF BIRTH:** ____/____/_____

☐ MALE ☐ FEMALE RACE: _____

PAYMENT INFORMATION

(**REQUIRED** – photocopy of **both sides/INSURANCE CARD(s); both sides/VALID CREDIT CARD**):

☐ **INSURANCE** (PROVIDE CARD): ☐ **CASH (SELF PAY)** ☐ **CLIENT PAY**
☐ **WORKER'S COMP** ☐ **AUTO**

SPECIMEN INFORMATION

COLLECTION DATE:___/___/_____

TIME_____ (24-hour time) ☐ **Fasting** ☐ **Non-fasting**

☐ **Serum** ☐ **Dry Blood Spot Card (DBS)** **Number of Cards Included** _____

Phlebotomist Name:_____

2 PROVIDER INFORMATION

(INCLUDE **MEDICAL NECESSITY ICD-10 CODES/NOTES** BELOW):

Practice or Clinic Name

Address/City/State/Zip
/ / /

Ordering Provider/NPI
/ Phone Number (_____-_____-_____)

DIAGNOSIS CODES REQUIRED.

PLEASE PROVIDE ALL RELEVANT ICD-10 CODES for medical necessity per each test.
SEE commonly used ICD10 codes at bottom of form.

LIST ICD-10 CODES BELOW:

1._____
2._____
3._____
4._____

ADDITIONAL TEST REQUESTS:

_____
_____
_____
_____

Provider Signature _____

3 RUALLERGIC™ Custom Allergy Profiles

Please check the drop next to the profile defined in section 3 that you wish to run. Testing will only be conducted for the profiles that are checked."

Dermatology

The RUALLERGIC Dermatology Panel evaluates the presence of specific allergens that may contribute to dermatological reactions such as eczema, hives, and other skin irritations. The panel includes testing for dietary and environmental allergens.

COMMONLY USED ICD-10 CODES. **These codes are provided as a convenience only; it is not a comprehensive list.**

L20- Atopic dermatitis
L20.9- Atopic dermatitis, unspecified
L23- Allergic contact dermatitis
L25- Unspecified contact dermatitis
L27.0- Dermatitis due to ingested food
L27.1- Dermatitis due to food additives
L27.2- Dermatitis due to drugs and medicaments, unspecified
L27.9- Dermatitis due to drugs and medicaments, unspecified
L29- Pruritus, unspecified
L30- Dermatitis, unspecified
L40- Psoriasis
L43- Lichen planus
L50- Urticaria
L50.9- Urticaria, unspecified (can be related to food and environmental allergies)
L57- Dermatitis due to sunlight
L70- Folliculitis
L70.9- Folliculitis, unspecified
L73- Other disorders of skin and subcutaneous tissue
L80- Vitiligo
L81- Other skin pigmentation disorders
L98- Other disorders of the skin and subcutaneous tissue

4 PATIENT CONSENT

I authorize ClinLGX and/or its authorized agents, to run the specified tests on my blood sample and/or nasal swab. I understand that as a courtesy, ClinLGX and/or its authorized agents will make every reasonable effort to obtain reimbursement for ordered tests. I understand that I am making an assignment of my insurance plan benefits to ClinLGX and/or its authorized agents. I also authorize the release of any information contained in my records that is needed to file and process insurance or medical plan claims, to pursue appeals on any denied or partially paid claims, for legal pursuit as to any unpaid or partially paid claims, or to pursue any other remedies necessary in connection with same. Bill to my insurance: I understand that if my insurance company pays me directly for services rendered by ClinLGX, I am responsible for forwarding such payment to ClinLGX. I also understand that I am responsible for any deductible/co-payment and coinsurance, or other obligations, as required by my plan and state laws PATIENT SIGNATURE:

_____ DATE:_____

ClinLGX, LLC Lab Director: Dr. David Scott 1700 Honey Creek Commons, Suite A, Conyers GA 30013 CLIA ID: 11D2114053
DLS Research & Ventures Lab Director: Dr. Jennifer Knaack 1700 Honey Creek Commons, Suite A, Conyers GA 30013 CLIA ID: 11D2114053