



Cayuga Health Systems/Cayuga Medical Center
Department of Laboratories

Phone: 607-274-4163 Fax: 607-274-4481

Homebound Phlebotomy Request Form

Note: Home Draw visits are arranged geographically.

Monday: Cortland, Dryden, Richford, Groton, Moravia (North)

Tuesday: Danby, Brooktondale, Spencer, Newfield (South)

Wednesday: Trumansburg, Ovid, Ithaca (West)

Thursday: Ithaca, Dryden, Freeville (East)

Friday: Ithaca, Additional draws not accommodated earlier

****Visitation may be rescheduled due to inclement weather****

Date of Requested Draw: _____

Patient Name: _____ **DOB:** ___/___/___ **Sex:** M / F

Request by Dr. : _____ **Copies to Dr. :** _____

Patient Address: _____ **City:** _____ **Zip:** _____

Patient Phone #: _____

Family/Contact name: _____ **Contact Phone:** _____

Diagnosis (REQUIRED): _____

Patient Insurance Information: ___ BC/BS ___ Medicare ___ Medicaid ___ Other

Subscriber: _____ DOB ___/___/___ ID# _____

*****Please fax a copy of patient insurance cards with this order*****

FASTING? YES / NO

STANDING ORDER: YES / NO

FREQUENCY(weekly, monthly, etc.) _____

(Standing Orders expire 6 months from date written, frequency is required for scheduling purposes)

___ CBC with electronic diff (CBCD)

___ Basic Metabolic Panel (BMP)

___ Sed Rate (SED)

___ Comprehensive Metabolic Panel (CMP)

___ Glucose (GLU)

___ Lipid Panel (LIPID)

___ INR (PT) *Coumadin* Y ___ N ___

___ Liver Panel (LIVER)

Other Tests: _____

Call results to: _____ Fax results to: _____

Physician Signature: _____

Laboratory use only: ***Collected by:*** _____

Date & Time: _____

