(713) 464-4333
(800) 235-4846

Urolithiasis Laboratory

PO Box 25375 ● Houston Texas ● 77265-5375

Crystallographic Calculus Analysis

CLIA NO. 45D0660099 | NY State 4997 844052A3 | Medicare No. CL0061 | Tax ID 760413803

USPS Tracking # 9202 0901 3909 70

☐ ANALYSIS WITH **2 COLOR PHOTOS**
You will receive this analysis if no box is selected

☐ ANALYSIS WITH **3 PHOTOS** (EXTRA CHARGE)

☐ ANALYSIS ONLY **(NO PHOTOS)**

Date Specimen Obtained _____

Date Specimen Mailed _____

Type of Calculi ☐ *Urinary* ☐ *Biliary* ☐ *Other* _____

Form Completed By _____

Patient Name ***(last,first)*** Sex M F

Date of Birth M M D D Y Y | Age | Referring Physician (last,first)

Specimen #

Patient ID #

Purchase Order #

BILLING INSTRUCTIONS / *check one*

☐ Client Account

☐ Medicare **(Outpatient only)**
☐ Medicaid **(Outpatient only)**

If you have a patient identification label, please place it here.

Please send specimen DRY and label the small container with the patient name and identification number.
Thank you.

SUPPLY REQUEST

☐ Forms
☐ Specimen Bottles
☐ USPS Shipping Bags

THE REMAINDER OF THIS FORM IS FOR UROLITHIASIS LABORATORY USE ONLY

LABORATORY USE ONLY

Nidus	*Stone*
Shell	*Surface Crystals*

Comment

☐ ID ☐ NOID ☐ WET ☐ PKG ☐ URINE ☐ REFERENCE REFERRAL ☐ GALLSTONE

Client account number and reporting address

DATE _____

TECH _____

REQ. #

UL918REV.918

SEND WHITE COPY WITH SPECIMEN ***KEEP YELLOW COPY UNTIL RESULTS ARE RECEIVED***

Physical Address: 9525 Katy Freeway Suite 222 Houston TX 77024 - www.urolithiasis-lab.com