bako dx
intelligence not just information

855-422-5628 Fax: 770-475-0528

Bako Diagnostics
6240 Shiloh Rd
Alpharetta, GA 30005

PHYSICIAN / CLINIC INFORMATION

LAB USE ONLY

Date collected: _____ /_____ /_____

Time collected: _____

Version 8.24.21

DK2100000

DRY KERATIN REQUISITION

14943 Rev C

PATIENT INFORMATION

Bill: ☐ Insurance ☐ Patient ☐ Biomechanical Correlation (Plantar Skin) Patient ID:_____

Date of Birth:_____/_____/_____ Phone #:__ __ __ - __ __ __ - __ __ __ __ Age:_____ Sex: ☐ Female ☐ Male

Last Name:_____ First Name:_____ Middle Initial:_____

Address:_____ Apt/Suite:_____ City:_____

County:_____ State:_____ Zip Code:_____

BILLING INFORMATION *(Attach a copy of primary/secondary insurance cards– both sides)*

Primary Medical Insurance

Insurance Provider:_____

Member ID:_____

Group #:_____

Insured Name:_____

Patient's Relationship to Insured: ☐ Self ☐ Spouse ☐ Dependent

Secondary Medical Insurance

Insurance Provider:_____

Member ID:_____

Group #:_____

Insured Name:_____

Patient's Relationship to Insured: ☐ Self ☐ Spouse ☐ Dependent

CLINICAL INFORMATION

CLINICAL IMAGE? ☐ Printed and attached ☐ Submitted to: https://images.bakodx.com

SPECIMEN #1 ☐ Right ☐ Left

NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)
- ☐ Higher Sensitivity & Melanin Screen (PAS / GMS / FM) (Dematiaceous fungi / Melanoma)
- ☐ Higher Sensitivity (PAS / GMS)
- ☐ Routine (PAS)

FUNGAL SPECIATION / ORGANISM IDENTIFICATION
(Typically added to above stain(s))
- ☐ PCR with Terbinafine resistance reflex* OR ☐ Culture
- ☐ PCR w/o Terbinafine resistance reflex

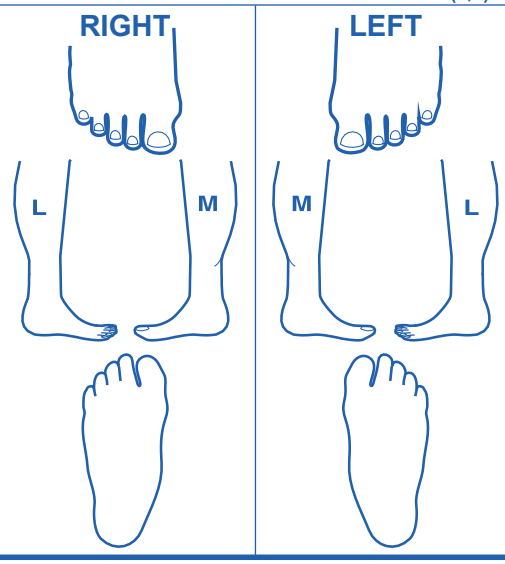
SKIN
- ☐ Dermatitis with PAS (Eczematous / Tinea)
- ☐ Other:_____

*Not available in NY.

ADDITIONAL CLINICAL INFORMATION:

ICD CODES (See back):

PLEASE INDICATE PRECISE SITE OF ORIGIN (1,2)



SPECIMEN #2 ☐ Right ☐ Left

NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)
- ☐ Higher Sensitivity & Melanin Screen (PAS / GMS / FM) (Dematiaceous fungi / Melanoma)
- ☐ Higher Sensitivity (PAS / GMS)
- ☐ Routine (PAS)

FUNGAL SPECIATION / ORGANISM IDENTIFICATION
(Typically added to above stain(s))
- ☐ PCR with Terbinafine resistance reflex* OR ☐ Culture
- ☐ PCR w/o Terbinafine resistance reflex

SKIN
- ☐ Dermatitis with PAS (Eczematous / Tinea)
- ☐ Other:_____

*Not available in NY.

ADDITIONAL CLINICAL INFORMATION:

ICD CODES (See back):

To ensure processing, affix completed label to specimen container.

Specimen 1	DK2100000	Specimen 2	DK2100000	Specimen 3	DK2100000
Name:		Name:		Name:	

PHYSICIAN NOTICE: *When ordering tests, the physician is required to make an independent medical necessity decision with regard to each test the laboratory will bill. The physician also understands he or she is required to (1) submit ICD-10 diagnosis supported in the patient's medical record as documentation of the medical necessity or (2) explain and have the patient sign an ABN.*

PHYSICIAN SIGNATURE

The requested test(s) is/are medically indicated for patient management.

SIGNATURE REQUIRED_____

PATIENT SIGNATURE

I authorize Bako Diagnostics to bill my insurance.

SIGNATURE_____ DATE____/____/_____

ICD-10 codes are provided for convenience and informational purposes only.
Ordering practitioners must determine the ICD-10 codes most appropriate for each patient.

ICD-10 CODE
NAIL UNIT DYSTROPHY & MELANIN SCREEN AND FUNGAL SPECIATION
L60.3 Nail dystrophy
L60.8 Other nail disorders
L60.1 Onycholysis
L60.2 Onychogryphosis
L81.9 Disorder of pigmentation, unspecified
SKIN
L98 Disorder of the skin and subcutaneous tissue
R23 Skin changes
L85 Epidermal thickening
L30 Dermatitis