

Date collected: ____ / ____ / ____

Time collected: _____

Version 01.17.23

DRY KERATIN REQUISITION

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 and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)
- Higher Sensitivity (PAS/GMS)
- Routine (PAS)

FUNGAL SPECIATION / ORGANISM IDENTIFICATION

- Fungal PCR w/ terbinafine resistance reflex***
 - w/ Pseudomonas w/o Pseudomonas
- Fungal PCR w/o terbinafine resistance reflex**
 - w/ Pseudomonas w/o Pseudomonas
 - Pseudomonas ONLY
 - Fungal Culture

SKIN

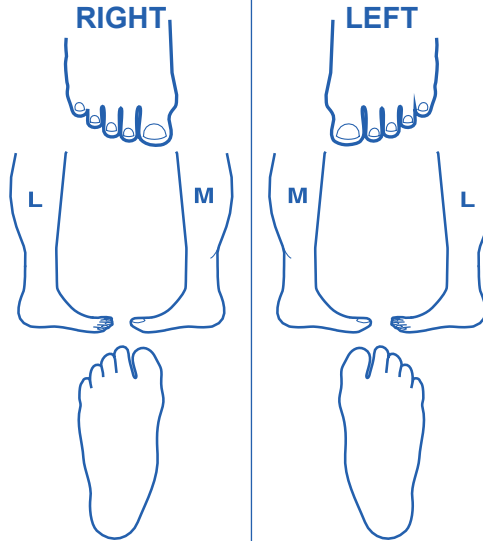
- Dermatitis with PAS (Eczematous / Tinea)
- Other: _____

*Terbinafine resistance 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 and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma)
- Higher Sensitivity (PAS/GMS)
- Routine (PAS)

FUNGAL SPECIATION / ORGANISM IDENTIFICATION

- Fungal PCR w/ terbinafine resistance reflex***
 - w/ Pseudomonas w/o Pseudomonas
- Fungal PCR w/o terbinafine resistance reflex**
 - w/ Pseudomonas w/o Pseudomonas
 - Pseudomonas ONLY
 - Fungal Culture

SKIN

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

*Terbinafine resistance 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 BakoDx to bill my insurance and understand I am responsible for paying any uncovered amount.

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