

DATE COLLECTED \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME COLLECTED \_\_\_\_:\_\_\_\_:\_\_\_\_

LAST NAME		FIRST NAME		M.I.
STREET ADDRESS			APT. #	
CITY		STATE	ZIP CODE	
PHONE NUMBER				
DATE OF BIRTH / /	AGE	SEX	PATIENT ID	
<b>BILL:</b> <input type="checkbox"/> INSURANCE <input type="checkbox"/> PATIENT		<input type="checkbox"/> Biomechanical Correlation (Plantar Skin)		

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

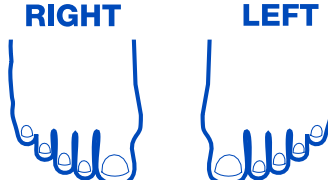
SUBSCRIBER NAME/RELATIONSHIP TO SUBSCRIBER: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	INSURANCE NAME
MEMBER ID	ADDRESS
GROUP/CONTRACT #	CITY STATE ZIP

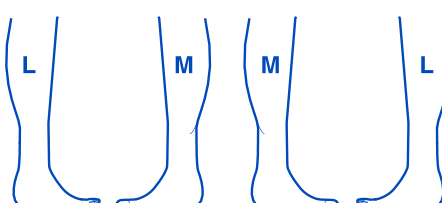
**ICD CODES (See Back)**

**ADDITIONAL CLINICAL INFORMATION:**  
Clinical images may be printed or uploaded at [HTTPS://IMAGES.BAKODX.COM](https://images.bakodx.com)

**REQUIRED: Prior antifungal treatment (OTC/RX)**  Yes  No

SPECIMEN #1	SPECIMEN #2
<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Shave <input type="checkbox"/> Punch <input type="checkbox"/> Biopsy <input type="checkbox"/> Excision

NAIL	
<p><b>NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)</b></p> <input type="checkbox"/> Higher Sensitivity and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma) <input type="checkbox"/> Higher Sensitivity (PAS/GMS) <input type="checkbox"/> Routine (PAS) <p><b>Onycho-ID<sup>®</sup> / ORGANISM IDENTIFICATION (Dry specimen only)</b>  <b>Fungal PCR (Include culture if Payor required)</b>  <input type="checkbox"/> w/ Terbinafine Resistance* <input type="checkbox"/> w/o Terbinafine Resistance  <input type="checkbox"/> Include Pseudomonas  <input type="checkbox"/> Pseudomonas ONLY  <b>Fungal Culture</b>  <input type="checkbox"/> w/ Terbinafine Resistance* <input type="checkbox"/> w/o Terbinafine Resistance</p> <p><b>NEOPLASIA</b>  <input type="checkbox"/> Pigmented Streak/Lesion (R/O Melanoma)  <input type="checkbox"/> Non-Pigmented Lesion (Verruca / R/O Carcinoma)</p>	<p><b>ORDERS MUST BE INDICATED ON THE REQUISITION</b></p> <p><b>PLEASE INDICATE PRECISE SITE OF ORIGIN (1,2)</b></p> <p><b>RIGHT LEFT</b></p>  <p><b>NAIL UNIT DYSTROPHY (Fungal, Inflammatory, Neoplasm)</b></p> <input type="checkbox"/> Higher Sensitivity and melanin screen (PAS/GMS/FM) (Dematiaceous fungi / Melanoma) <input type="checkbox"/> Higher Sensitivity (PAS/GMS) <input type="checkbox"/> Routine (PAS) <p><b>Onycho-ID<sup>®</sup> / ORGANISM IDENTIFICATION (Dry specimen only)</b>  <b>Fungal PCR (Include culture if Payor required)</b>  <input type="checkbox"/> w/ Terbinafine Resistance* <input type="checkbox"/> w/o Terbinafine Resistance  <input type="checkbox"/> Include Pseudomonas  <input type="checkbox"/> Pseudomonas ONLY  <b>Fungal Culture</b>  <input type="checkbox"/> w/ Terbinafine Resistance* <input type="checkbox"/> w/o Terbinafine Resistance</p> <p><b>NEOPLASIA</b>  <input type="checkbox"/> Pigmented Streak/Lesion (R/O Melanoma)  <input type="checkbox"/> Non-Pigmented Lesion (Verruca / R/O Carcinoma)</p>

SKIN/SOFT TISSUE/BONE	
<p><b>SKIN</b></p> <input type="checkbox"/> Pigmented Lesion (Rule out Melanoma) <input type="checkbox"/> Non-Pigmented Lesion (Verruca/Rule out Carcinoma) <input type="checkbox"/> Dermatitis (Eczematous/Tinea) <input type="checkbox"/> Ulceration (Malignancy/Vasculitis) <input type="checkbox"/> Other: _____ <p><b>BONE</b></p> <input type="checkbox"/> Arthritis (HAV/Hammer Toe/DJD/Exostosis) <input type="checkbox"/> Lytic/Destructive (Osteomyelitis/Neoplasm) <input type="checkbox"/> Micro (Aerobic /Anaerobic) No Formalin <input type="checkbox"/> Other: _____ <p><b>SOFT TISSUE</b></p> <input type="checkbox"/> Tumor (Ganglion/Lipoma/Sarcoma) <input type="checkbox"/> Inflammatory (Tophus/Abscess)	<p><b>RIGHT LEFT</b></p>  <p><b>SKIN</b></p> <input type="checkbox"/> Pigmented Lesion (Rule out Melanoma) <input type="checkbox"/> Non-Pigmented Lesion (Verruca/Rule out Carcinoma) <input type="checkbox"/> Dermatitis (Eczematous/Tinea) <input type="checkbox"/> Ulceration (Malignancy/Vasculitis) <input type="checkbox"/> Other: _____ <p><b>BONE</b></p> <input type="checkbox"/> Arthritis (HAV/Hammer Toe/DJD/Exostosis) <input type="checkbox"/> Lytic/Destructive (Osteomyelitis/Neoplasm) <input type="checkbox"/> Micro (Aerobic /Anaerobic) No Formalin <input type="checkbox"/> Other: _____ <p><b>SOFT TISSUE</b></p> <input type="checkbox"/> Tumor (Ganglion/Lipoma/Sarcoma) <input type="checkbox"/> Inflammatory (Tophus/Abscess)
<p><b>SKIN MOLECULAR / PCR</b></p> <p><b>WEB SPACE PANEL</b> (Skin scraping, submit DRY) (See back)  <input type="checkbox"/> Tinea, erythrasma, Candidal intertrigo, bacterial infections</p> <p><b>CYTOLOGY/FLUID/CRYSTAL ANALYSIS</b></p> <input type="checkbox"/> Aspiration Crystal Analysis (fresh or in ETOH) <input type="checkbox"/> Aspiration Tumor (Ganglion / Cyst) <p><b>BACTERIOLOGY/SWAB</b></p> <p><b>BACTERIOLOGY (Open Wound)</b>  <input type="checkbox"/> Aerobic Cx/Sensitivity/Gram**  <input type="checkbox"/> Aerobic/Anaerobic Cx/Sensitivity/Gram**  ** Both may be performed with ESwab</p>	<p><b>SKIN MOLECULAR / PCR</b></p> <p><b>WEB SPACE PANEL</b> (Skin scraping, submit DRY) (See back)  <input type="checkbox"/> Tinea, erythrasma, Candidal intertrigo, bacterial infections</p> <p><b>CYTOLOGY/FLUID/CRYSTAL ANALYSIS</b></p> <input type="checkbox"/> Aspiration Crystal Analysis (fresh or in ETOH) <input type="checkbox"/> Aspiration Tumor (Ganglion / Cyst) <p><b>BACTERIOLOGY/SWAB</b></p> <p><b>BACTERIOLOGY (Open Wound)</b>  <input type="checkbox"/> Aerobic Cx/Sensitivity/Gram**  <input type="checkbox"/> Aerobic/Anaerobic Cx/Sensitivity/Gram**  ** Both may be performed with ESwab</p>

Specimen 1 SPCR2145800 Name: _____	Specimen 2 SPCR2145800 Name: _____	Specimen 3 SPCR2145800 Name: _____
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**PHYSICIAN SIGNATURE**

The requested test(s) is/are medically indicated for patient management.	I authorize Bako Diagnostics to bill my insurance.
<b>SIGNATURE REQUIRED</b>	SIGNATURE _____ DATE ____/____/____

**SPECIMEN CONTAINER MUST INCLUDE PATIENT NAME, SITE AND BARCODED LABEL**

†*Trichophyton indotineae* and *Trichophyton mentagrophytes* genotype VII are detected and reported as part of the *Trichophyton mentagrophytes* complex.

\*Terbinafine Resistance not available in NY

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
<p><b>NAIL UNIT DYSTROPHY AND INFECTIOUS ONYCHODYSTROPHY</b></p> <p>L60.3 Nail dystrophy</p> <p>L60.8 Other nail disorders</p> <p>L60.1 Onycholysis</p> <p>L60.2 Onychogryphosis</p>
<p><b>NEOPLASIA</b></p> <p>L98.9 Disorder of the skin and subcutaneous tissue, unspecified</p> <p>L81.9 Disorder of pigmentation, unspecified</p>
<p><b>SKIN</b></p> <p>L98.9 Disorder of the skin and subcutaneous tissue, unspecified</p> <p>L30.9 Dermatitis, unspecified</p> <p>B07.0 Plantar wart</p> <p>L03.03 Cellulitis of toe</p> <p>L92.9 Granulomatous disorder of the skin and subcutaneous tissue, unspecified</p>
<p><b>SOFT TISSUE</b></p> <p>L03.03 Cellulitis of toe</p> <p>L08.9 Local infection of the skin and subcutaneous tissue, unspecified</p> <p>L92.9 Granulomatous disorder of the skin and subcutaneous tissue, unspecified</p>
<p><b>BONE</b></p> <p>M89.8X9 Other specified disorders of bone, unspecified site</p> <p>M86. Osteomyelitis</p> <p>M20.40 Other hammer toe(s)</p>
<p><b>WEB SPACE PANEL</b></p> <p>L60.3 Nail dystrophy</p> <p>L98.9 Disorder of the skin and subcutaneous tissue, unspecified</p>
<p><b>CYTOLOGY</b></p> <p>R22.4 Localized swelling, mass and lump, unspecified lower limb</p> <p>M67.4 Ganglion</p> <p>M11.9 Crystal arthropathy, unspecified</p> <p>M10.9 Gout, unspecified</p>
<p><b>BACTERIOLOGY</b></p> <p>L97. Non-pressure chronic ulcer</p> <p>L02.61 Cutaneous abscess of foot</p> <p>L03.11 Cellulitis of lower limb</p> <p>L08. Local infection of the skin and subcutaneous tissue, unspecified</p> <p>E11.621 Type 2 diabetes mellitus with foot ulcer</p>

**\*\*SKIN MOLECULAR PCR**

**Web Space Panel tests for:**

Dermatophytes

*Candida* spp

*Corynebacterium minutissimum*

*Pseudomonas aeruginosa*

*Staphylococcus aureus*