Technology Center: 5962 La Place Ct. Suite 275, Carlsbad, CA 92008
Tel: 760.448.5397 Fax: 814.234.1608 salimetrics.com

Manufacturing Center: 101 Innovation Blvd. Suite 302, State College, PA 16803
Tel: 814.234.2617 Fax: 814.234.1608 salimetrics.com

Clinical Lab Requisition Form

Patient Record ID _____ Service Date: _____

Lab Test Requisition:	**CPT Code(s)***
#5651; Circadian Phase Assessment (Melatonin, Saliva x 7/9 Sample)	83520

Referring Physician Name/Address	**Potential ICD-10 Codes and Conditions***
	Please select or add the appropriate ICD-10 diagnosis code(s) _____ G47.9 Sleep Disorder, Unspecified _____ G47.00 Insomnia, Unspecified _____ R53.81 Other Malaise _____ R53.83 Other Fatigue Other Codes: _____

*CPT and ICD-10 codes are subject to change without prior notification.

Clinical Findings/Clinical Impressions:

Document medical necessity and specific order for this test in the patient's medical record with referring physician signature and date in addition to providing the diagnosis code above.

X_____ Date: _____

- For insurance claim processing/reimbursement, please submit a copy of your paid receipt with this form -

Rev. 1, 5May22