

Renal Function Panel Test Requisition Form

Patient Information

- **Patient's Full Name:**
- **Date of Birth:**
- **Gender:**
- **Address:**
- **Email:**
- **Phone:**

Medical History

Prescription Details

Requested Tests

- Serum Creatinine
- Blood Urea Nitrogen (BUN)
- Glomerular Filtration Rate (GFR)
- Electrolytes (Sodium, Potassium, Bicarbonate)
- Others: _____

Patient Consent

I, the undersigned patient, consent to the Renal Function Panel Test and the release of medical information.

Patient's Signature:

Billing Information

- **Insurance Information:**
- **Policy/Member ID:**
- **If self-pay, provide billing details:**

Instructions for Use

1. Fill out the patient's personal and medical history information.
2. Specify the tests requested in the Prescription Details section.
3. Ensure the patient consents to the test.
4. Include insurance information if applicable, or fill in billing details for self-pay patients.
5. Provide a copy of this form to the laboratory for the Renal Function Panel Test.