

 580-402-5267

 405-977-1223

 www.okaffordablelab.com

 support@okaffordablelab.com



Benefits of Our Service

- LabExpress guarantees hassle-free and stress-free experience, delivering your lab tests results to your doctor and health provider promptly and confidentially.
- We eliminate waiting time typically associated with appointments at traditional laboratories or clinics, leading to quicker results and less time spent away from home.
- In addition to providing outstanding laboratory services, safety and convenience of our patients is our top priority.
- We provide full clinical laboratory tests at more affordable rates compared to other laboratories and accepts certain HMO.
- Scheduled lab draws and Standing orders are organized and monitored by highly trained, friendly and courteous staff.
- We only employ skilled and certified phlebotomists for blood draws, to prevent multiple sticks by inexperienced healthcare providers.
- 24 hours or less turn around time for lab results.

Our Process

Our specialize in offering detailed step-by-step instructions to ensure your patient referrals remain organized and meticulously addressed. From submitting a requisition form to receiving results. Rest assured we have you covered every step of the way.

- **Requisition Confirmation** - We make sure to give you a verbal confirmation as soon as we receive your order. We also fax over an acknowledgement receipt to your facility. Or you may use our online portal to directly submit your patient's lab order ;upon request.
- **Patient Scheduling** - Our phlebotomist will reach out to the patient the night before to set a two-hour window and confirm again arrival time in the morning.
- **Facility/Office Notification** - If the patient refuses or are not answering the phone /door or simply unavailable, we immediately call you, fax over a patient report and reschedule them if necessary.
- **Results** - Facilities, clinics and home health agencies can have access online to view results. All critical values are called in immediately for appropriate action.



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Coverage Area



📍 Enid

📍 Guthrie

📍 Cherokee

📍 Medford

📍 Woodward

📍 Perry

📍 Kingfisher

📍 Alva

📍 Beaver

📍 Buffalo

📍 Stillwater

📍 Watonga

Our Location



Lab Express, Inc.

**3201 N Van Buren suite 100
Enid, OK 73703**

We have a wide range of coverage areas that we provide service. Give us a call for your convenience

Accepted Insurances

- ✓ Medicare Part B - Medicare advantage plans are accepted
- ✓ Private PPO insurance



PATIENT NAME -LAST		FIRST		MIDDLE INITIAL	CLINIC / FACILITY NAME
SOCIAL SECURITY NO.		DATE OF BIRTH		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PATIENT / INSURED ADDRESS			PHONE NUMBER		PHONE
CITY		STATE	ZIP CODE	FAX	
NAME OF INSURED		SS # OF INSURED	RELATIONSHIP TO PATIENT	PRIMARY INS. NAME	
BILL TO <input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> OTHER INSURANCE				(ATTACH COPY OF BOTH SIDES OF CARD)	
MD SIGNATURE		DATE		SECONDARY INS. NAME	
PLEASE WRITE PATIENT'S NAME ON ALL SPECIMENS		MD NAME	MD NPI	AM PM	MEMBER ID
DATE COLLECTED COLLECTED BY					

TUBE KEY: B-BLUE	G-GREY	K-KIT	L-LAVENDER	R-RED	Y-YELLOW	P-PINK	U-URINE	S/C -Sterile Cup	SW-Culture Swab	SST-Gold/Tiger Top
80074	ACUTE HEPATITIS PANEL	SST	82746		FOLIC ACID (FOLATE)	SST	85730		PTT	B
80075	ALKPHOSPHATASE	SST	84481		FREE T3	SST	86592		R.P.R.	SST
82150	AMYLASE	SST	84439		FREE T4	SST	80069		RENAL FUNCTION PANEL	SST
86038	ANA	SST	83001		FSH	SST	80197		TACROLIMUS	L
80048	BMP	SST	83036		HBA1C	L	86480		TB QUANTIFERON	K
83880	BNP	L	84702		HCG-QUANTITATIVE	SST	80156		TEGRETOL(CARBRAMAZEPINE)	R
84520	BUN	SST	80076		HEPATIC FUNCTION PANEL	SST	84403		TESTOSTERONE (MALE)	SST
86301	CA 19.9	SST	87389		HIV AG/AB	SST	84479		T3 UPTAKE	SST
86300	CA 27.29	SST	83090		HOMOCYSTINE	L	84480		TOTAL T3	SST
86304	CA 125	SST	86677		H.PYLORI ANTIBODY	SST	84436		TOTAL T4 (THYROXINE)	SST
82310	CALCIUM	SST	83090		HOMOCYSTINE	L	80201		TOPAMAX (TOPIRAMATE)	R
85025	CBC W/DIFF	L	80175		LAMICTAL	SST	84478		TRIGLYCERIDES	SST
87075	C.DIFF (STOOL)	S/C	83655		LEAD	L	84443		TSH	SST
82378	CEA	SST	83002		LH	SST	84550		URIC ACID	SST
80150	CLOZAPINE	R	83690		LIPASE	SST	81001		URINALYSIS W/REFLEX	U
80053	CMP	SST	80061		LIPID PANEL	SST	87086		URINE CULTURE USING PCR	U
82533	CORTISOL	SST	80178		LITHIUM	SST	80164		VALPROIC ACID (DEPAKOTE)	SST
82565	CREATININE	SST	83735		MAGNESIUM	SST	80202		VANCOMYCIN TROUGH	SST
86140	CRP (NON-CARDIAC)	SST	82043		MICROALBUMIN	U	82607		VITAMIN B12	SST
86141	CRP (HIGH SENSITIVITY)	SST	80184		PHENOBARBITAL	SST	82306		VITAMIN D 25 HYDROXY	SST
80162	DIGOXIN	SST	84100		PHOSPHORUS	SST	87070, 87075, 87205		WOUND CLUTURE	SW
80185	DILANTIN	R	84132		POTASSIUM	SST		<input type="checkbox"/> OTHER		
80051	ELECTROLYTES	SST	84153		PSA	SST				
85652	ESR (SED RATE)	L	85610		PT/INR	B				
82728	FERRITIN	SST	82570, 84156		PROTEIN/CREAT RATIO	U				

MOLECULAR TESTING

Covid-19 RT PCR test UTI PANEL PCR C. DIFFICILE, PCR
 Covid-19 Antigen test UA w/reflex to UTI PANEL, PCR WOUND PCR
 RESPIRATORY PANEL, PCR

DIAGNOSIS CODES (ICD 10)

<input type="checkbox"/> Abdominal Pain R10.9	<input type="checkbox"/> Chronic Obstructive Pulmonary Disease, Unspecified J44.9	<input type="checkbox"/> Encounter for Other Preprocedural Examination Z01.818	<input type="checkbox"/> Hypothyroidism E03.9
<input type="checkbox"/> Abdominal Weight Gain R63.5	<input type="checkbox"/> Congestive Heart Failure I50.40	<input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Colon Z12.12	<input type="checkbox"/> Hypokalemia E87.6
<input type="checkbox"/> Abdominal Weight Loss R63.4	<input type="checkbox"/> Constipation, Unspecified K59.00	<input type="checkbox"/> Encounter for Screening for Malignant Neoplasm of Prostate Z12.5	<input type="checkbox"/> Kidney Transplant Status Z94.0
<input type="checkbox"/> Acute Embolism and Thrombosis of Unspecified Vein I82.90	<input type="checkbox"/> Convulsions, Unspecified R56.9	<input type="checkbox"/> Fatigue (Chronic) R53.82	<input type="checkbox"/> Liver Transplant, Status Z94.4
<input type="checkbox"/> Acute Pancreatitis, Unspecified K85.9	<input type="checkbox"/> Crohn's Disease, Unspecified K50.90	<input type="checkbox"/> Fever R50.9	<input type="checkbox"/> Liver Disease, Unspecified K76.9
<input type="checkbox"/> Allergy, Unspecified T78.4CxA	<input type="checkbox"/> Without Complications	<input type="checkbox"/> Gastritis, Unspecified R29.7	<input type="checkbox"/> Long term use of Anticoagulants Z79.01
<input type="checkbox"/> Initial Encounter	<input type="checkbox"/> Diabetes E11.9	<input type="checkbox"/> General Examination Z00.00	<input type="checkbox"/> Long term use of other medications Z79.01
<input type="checkbox"/> Anemia D64.9	<input type="checkbox"/> Diarrhea, Unspecified R19.7	<input type="checkbox"/> Gout, Unspecified M10.9	<input type="checkbox"/> Malaise R53.81
<input type="checkbox"/> Arthritis Unspecified M13.89	<input type="checkbox"/> Decreased Libido R68.82	<input type="checkbox"/> Headache R51	<input type="checkbox"/> Melena (blood in stool) K92.1
<input type="checkbox"/> Asthma Atrial Fibrillation, J45.909	<input type="checkbox"/> Dehydration E86.0	<input type="checkbox"/> Hematuria, Unspecified R31.9	<input type="checkbox"/> Muscle Weakness (Generalized) M62.81
<input type="checkbox"/> Unspecified Cardiomyopathy I42.8	<input type="checkbox"/> Dysuria R60.9	<input type="checkbox"/> Hepatitis Exposure Z20.5	<input type="checkbox"/> Nausea R11.0
<input type="checkbox"/> Chest Pain, Unspecified Cirrhosis R07.9	<input type="checkbox"/> Edema, Unspecified R97.2	<input type="checkbox"/> Hypercholesterolemia E78.0	<input type="checkbox"/> Obesity, Unspecified E66.9
<input type="checkbox"/> of Liver Chronic Atrial Fibrillation K74.80	<input type="checkbox"/> Elevated Prostate Specific Antigen (PSA) Z00.129	<input type="checkbox"/> Hyperglycemia, Unspecified R73.9	<input type="checkbox"/> Osteoarthritis, Unspecified Site M19.90
<input type="checkbox"/> Chronic Embolism and I48.2	<input type="checkbox"/> Encounter for Routine Child Health Examination	<input type="checkbox"/> Hyperkalemia E87.5	<input type="checkbox"/> Urinary Tract Infection, Site Not Specified N39.0
<input type="checkbox"/> Thrombosis of Unspecified Vein I82.91	<input type="checkbox"/> (Non -Abnormal Findings) Z32.00	<input type="checkbox"/> Hyperlipidemia E78.4	<input type="checkbox"/> Vomiting, Unspecified R11.10
<input type="checkbox"/> Chronic Kidney Disease N18.4	<input type="checkbox"/> Encounter for Pregnancy Test, Result Unknown	<input type="checkbox"/> Hypertension, Unspecified I10	<input type="checkbox"/> Other _____
		<input type="checkbox"/> Hyperthyroidism E05.9	