



Date Ordered:

.....  
Print Patient Name (Last, First):

.....  
Patient Date of Birth:

.....  
Patient ID:

.....  
Please include at least one ICD Description and Code (required):

Quest Account: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

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NPI: \_\_\_\_\_

Provider Office Phone: \_\_\_\_\_

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Bill To:

Insurance

My Account

Patient

### Test(s)

93748 Early Sjögren Syndrome Profile [Salivary Gland Protein 1 (SP-1) IgG, IgA, IgM; Carbonic Anhydrase (CA-6 ) IgG, IgA IgM; Parotid Secretory Protein (PSP) IgG , IgA , IgM]

90077 ANA Screen, IFA Sjögren Panel, reflex to Titer & Pattern

Includes:

249 Antinuclear Antibody ANA IFA, reflex to Titer & Pattern

4418 Rheumatoid Factor RF

38568 Sjögren Antibody SS-A

38569 Sjögren Antibody SS-B

Many payers (including Medicare and Medicaid) have medical necessity requirements. You should only order those tests which are medically necessary for the diagnosis and treatment of the patient.

Physician Signature:

.....  
Visit [QuestDiagnostics.com](http://QuestDiagnostics.com) to:

• Schedule an appointment (or call 1.888.277.8772)

• Find Quest Diagnostics locations (or call 1.800.377.8448)

*Walk-in patients are always welcome.*

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