

# MALE NEW PATIENT GENERIC LAB REQUEST

Dear Patient,

This is our generic lab form we have sent you to obtain your labs from your physician. Please take this form to your doctor so your insurance may cover it. It is important to have them include all the information on this lab request form and to include our providers' name as well. This way we will be sure to obtain a copy of the lab work which we will need for our office visit. Thank you!

**Special note:** If you are a Medicare/HMO patient, it is important that you ask your current Medicare / HMO provider to fill out their lab form with our necessary lab work. Medicare/HMO may or may not cover your lab work charges.

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

Please have these labs completed and faxed to: \_\_\_\_\_ Fasting:  Yes  No

## PRE-TREATMENT LEVELS

FSH	TSH	ESTRADIOL	TESTOSTERONE-TOTAL
PSA	T4	PROLACTIN	COMPLETE METABOLIC PANEL
SHBG	H&H		LIPID PROFILE-AS NEEDED

\*\*DX: E34.9, E07.89, E78.5, E03.9, E75.5, N4 1. 9 , E22.1

## POST-TREATMENT LEVELS

ESTRADIOL	TESTOSTERONE-FREE	TESTOSTERONE-TOTAL
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\*\*DX: E34.9

## BASIC THYROID PANEL

TSH	FREE T/3	FREE T/4
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\*\*DX: E07 .89

## COMPLETE THYROID PANEL

TSH	REVERSE T3	FREE T/ 3	FREE T/ 4
ANTI-TPO	ANTI-TG		

\*\*DX: E07.89

## ADRENAL PANEL

PREGNENOLONE	DHEAS	AM CORTIS OL
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\*\* DX: R 53.83