

FEMALE 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 VITAMIN D TESTOSTERONE-TOTAL

**DX: E3 4 .9 , E07.89, E75.5, N95.1

POST-TREATMENT LEVELS

ESTRADIOL FSH TESTOSTERONE-TOTAL

**DX: E34.9, N95.1

BASIC THYROID PANEL

TSH FREE T/3 FREE T/ 4

**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

** DX: R 53.83