



Generic Lab Request (Female)

Dear Patient:

This is our generic lab form we have sent you to obtain your labs for 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 Physician's name as well. This way we will be sure to obtain a copy of the lab work which we will need for your 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. This way Medicare/ HMO may cover your lab work charges.

Patient Name: _____ Date of Birth: _____

Please have these labs performed and faxed to: _____ FASTING: () YES () NO

() PRE-TREATMENT LEVELS

- FSH, ESTRADIOL, TOTAL TESTOSTERONE
- TSH, TOTAL T4, FREE T3, T.P.O.
- CBC
- CMP
- VITAMIN B-12
- VITAMIN D, 25 HYDROXY
- LIPID PROFILE (optional)
 - ICD9: 627.2, 246.8, 259.9

() POST-TREATMENT LEVELS

- FSH
- TOTAL TESTOSTERONE
- ESTRADIOL
- LIPID PROFILE (optional)
 - ICD9: 627.2, 246.8, 259.9

Signature: _____

Doctors Name: _____