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TEL: 212-369-8700 FAX: 212-722-5587
LIC: 116793 NPI: 1871521104 DEA: AM8681694

LABWORK REQUISITION

PATIENT NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
D.O.B. _____

DX: E03.1, E53.8, E55.9, E61.1, E04.1, Z32.00, N97.9, E34.9, E06.90, E03.9

THYROID PANEL

TSH _____
T4, FREE _____
T4 (THYROXINE), TOTAL _____
T3, TOTAL _____
T3, FREE _____
ANTI-TG AB _____
ANTI-TPO AB _____
REVERSE T3 _____
THYROGLOBULIN _____

FEMALE HORMONE(S) PANEL

E2 _____
FSH _____
LH _____
PROGESTERONE _____
HCG(quant) _____
AMH _____

ADRENAL PANEL

DHEA _____
DHEA-S _____
PREGNENOLONE, MS _____
SALIVA 24HR. CORTISOL LEVELS _____

BLOOD COUNT PANEL

CBC _____
CMP _____
Fe _____
FERRITIN _____

MISCELLANEOUS

HBGA1C _____
TOTAL TESTOSTERONE _____
VITAMIN B12 _____
VITAMIN D _____
METHYLMALONIC ACID, SERUM _____
IODINE _____
CHOLESTEROL PROFILE
SHBG _____

76536 THYROID SONOGRAM ✓

76830 TRANSVAGINAL SONOGRAM

PRESCRIBER SIGNATURE _____



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