



LAB REQUEST Patient Name _____ DOB ____/____/____

<p>FEMALE DIAGNOSIS R53.83 Other Fatigue E03.9 Hypothyroidism, unspecified N95.1 Menopausal Symptoms E07.89 Other Thyroid E34.9 Endocrine Disorder, unspecified E55.9 Vit D Deficiency</p>	<p><input type="checkbox"/> PRETREATMENT (16 TESTS) MTHFR (17911, 511238) ESTRADIOL TOTAL TESTOSTERONE PROGESTERONE TSH TOTAL T4 FREE T3 REVERSE T3 TPO Thyroid Peroxidase Ab (5081, 006676) CBC CMP VITAMIN B12 VITAMIN D 25-HYDROXY FSH FERRITIN LIPID PANEL</p>	<p><input type="checkbox"/> ANNUAL (10 TESTS) ESTRADIOL TOTAL TESTOSTERONE TSH FREE T3 TOTAL T4 CBC CMP VITAMIN B12 VITAMIN D 25-HYDROXY LIPID PANEL</p>	<p><input type="checkbox"/> POST-TREATMENT (6 TESTS) TOTAL TESTOSTERONE ESTRADIOL FSH FREE T3 TSH LIPID PANEL</p> <p><input type="checkbox"/> BLEEDING ESTRADIOL PROGESTERONE</p>
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<p>MALE DIAGNOSIS R53.83 Other Fatigue E03.9 Hypothyroidism, unspecified E29.1 Testicular Hypofunction E07.89 Other Thyroid E34.9 Endocrine Disorder, unspecified E55.9 Vit D Deficiency</p>	<p><input type="checkbox"/> PRETREATMENT (15 TESTS) MTHFR (17911, 511238) ESTRADIOL TOTAL TESTOSTERONE FREE TESTOSTERONE TSH TOTAL T4 FREE T3 REVERSE T3 TPO Thyroid Peroxidase Ab (5081, 006676) CBC CMP VITAMIN B12 VITAMIN D 25-HYDROXY LIPID PANEL PSA (ages 50-70 only)</p>	<p><input type="checkbox"/> ANNUAL (12 TESTS) ESTRADIOL TOTAL TESTOSTERONE FREE TESTOSTERONE TSH FREE T3 TOTAL T4 CBC CMP VITAMIN B12 VITAMIN D 25-HYDROXY LIPID PANEL PSA (ages 50-70 only)</p>	<p><input type="checkbox"/> POST-TREATMENT (6 TESTS) TOTAL TESTOSTERONE ESTRADIOL FREE TESTOSTERONE FREE T3 TSH LIPID PANEL</p> <p><input type="checkbox"/> UNDER AGE 32 PROLACTIN</p>
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QUEST ACCT# 66096569 • LABCORP ACCT# 09087260 • TRUEHEALTH ACCT# 12-32550-18-0025024

FAX RESULTS TO 850-460-2279

SIGNATURE 
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