



Laboratory Request Form

Please fill in the patient portion below and present this to your laboratory. We suggest you use an outpatient lab covered by your insurance rather than a hospital lab. This is a non-fasting lab so you may go at your convenience. The lab will send the results to us within several days.

PLEASE HAVE BLOODWORK DONE AS SOON AS POSSIBLE TO AVOID DELAY IN YOUR TREATMENT.

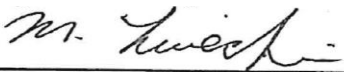
Patient Name: (print please) _____


DOB: _____


Gender: Male Female

Patient Address: _____

Ordering Provider (check one):


 E. Michael Lewiecki, MD


 Lance A. Rudolph, MD


 Julia R. Chavez, CNP


 Sarah F. Erb, CNP

Attention Lab Personnel:

Please do the following test and fax to
 (505) 884-4006.

TEST	CPT	ICD 10
Comprehensive Metabolic Panel	80053	M81.0
Vitamin D, 25 hydroxy	82306	E55.9

Please call us if you have any questions:
 (505) 855-5525, extension 238.

