

**You must get these labs done ASAP.**

**They are required for your upcoming appointment.**

**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

  
Desiree Sanchez, 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.

