



535 SE Washington Street
 Hillsboro, OR 97123
 Phone: 503-755-6703
 Fax: 503-755-6704
 Email: Visionary@VPTeam.Hush.com

LAB WORK ORDER

PATIENT INFORMATION	<hr/> <i>SURNAME</i>	<hr/> <i>FIRST NAME</i>	<hr/> <i>DATE OF BIRTH</i>
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Check the box for the laboratory test to be ordered:

- | | |
|--|--|
| <input type="checkbox"/> HbA1C | <input type="checkbox"/> Vitamin D level |
| <input type="checkbox"/> CBC with differential | <input type="checkbox"/> Prolactin Level |
| <input type="checkbox"/> Comprehensive Metabolic Panel (CMP) | <input type="checkbox"/> Lithium Level |
| <input type="checkbox"/> Thyroid Panel (TSH and T4) | <input type="checkbox"/> VDRL Test |
| <input type="checkbox"/> Fasting Lipid Panel | <input type="checkbox"/> Urine STD Panel (Chlamydia and Gonorrhea) |
| <input type="checkbox"/> 12-lead EKG | <input type="checkbox"/> Urine Drug Screen (UDS) |
| <input type="checkbox"/> Erythrocyte Sedimentation Rate | <input type="checkbox"/> Homocysteine Serum Level |
| <input type="checkbox"/> Total Iron-Binding Capacity (TIBC) test | Others (please specify): _____ |

ICD-10 code:

PLEASE FAX COMPILED/FINALIZED RESULTS TO: 503-755-6704

Ordered by:

Date Ordered:

Carmen Kosicek
CARMEN KOSICEK, PMHNP
 NPI: 1255 86 3767

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