



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	_____	_____	_____
	<i>SURNAME</i>	<i>FIRST NAME</i>	<i>DATE OF BIRTH</i>

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:**

**SHANNON HUMMEL, PMHNP**

NPI: **1043959372**