



## 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

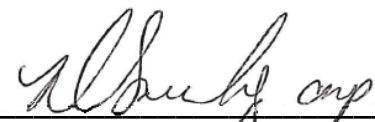
Patient Address: \_\_\_\_\_

Ordering Provider (check one):

  
 E. Michael Lewiecki, MD

  
 Lance A. Rudolph MD

  
 Cierra Dorado, 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.

