535 SE Washington Street
Hillsboro, Oregon, 97123
Phone: 503-755-6703
Fax: 503-755-6704
Email: visionary@vpteam.hush.com

LAB WORK ORDER

PATIENT INFORMATION	_____ *SURNAME*	_____ *FIRST NAME*	_____ *DATE OF BIRTH*

Check the box for the laboratory test to be ordered:

- ☐ HbA1c
- ☐ CBC with differential
- ☐ Comprehensive Metabolic Panel (CMP)
- ☐ Fasting Lipid Panel
- ☐ 12-lead EKG
- ☐ Erythrocyte Sedimentation rate
- ☐ Total Iron Binding Capacity (TIBC) test
- ☐ Homocysteine Level Test
- ☐ Vitamin D Level
- ☐ Iron Level
- ☐ Lithium Level
- ☐ VDRL Test
- ☐ Urine STD Panel (Chlamydia and Gonorrhea)
- ☐ Urine Drug Screen (UDS)
- ☐ Thyroid Panel (TSH and T4)
- ☐ Prolactin Level
- ☐ Estrogen
- ☐ Progesterone
- ☐ Follicle-Stimulating Hormone (FSH)
- ☐ Luteinizing Hormone (LH)
- ☐ Testosterone
- ☐ Adrenaline Hormones
- ☐ Insulin Level
- ☐ Cortisol Level
- ☐ Growth Hormones
- ☐ Sex Hormone Binding Globulin (SHBG) Level
- ☐ Prostate Serum Antigen (PSA)
- ☐ 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

This fax message and any documents attached to it are confidential and may contain information that is protected from disclosure by various federal and state laws, including the HIPAA privacy rule (45 C.F.R, Part 164) This information is intended to be used solely by the entity or individual to whom this message is addressed. If you are not the intended recipient, be advised that any use, dissemination, forwarding, printing, or copying of this fax message without the sender's written permission is strictly prohibited and may be unlawful. Accordingly, if you have received this fax message in error, please notify the sender immediately by return fax 503-755-6704 or call 503-755-6703, and then destroy this fax message