



Danni D. Owens, FNP

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Please **fax** results to:

Fax: (928) 307-7688

slimminggrace@outlook.com

Weight Loss - Lab Order

Patient Name: _____

Patient DOB: _____

DX Codes: E78.5 Hyperlipidemia R53.83 Other Fatigue R73.01 Impaired Fasting Glucose
E55.9 Vitamin D deficiency D51.9 Vitamin B12 deficiency anemia. N40.0 BPH E03.9 Hypothyroidism
E11.9 Type 2 DM E06.3 Autoimmune Thyroiditis

Labs to be completed:

Fasting: Yes or No

84443 TSH

84439 T4 free

84480 T3

86376 TPO

80053 CMP

85025 CBC

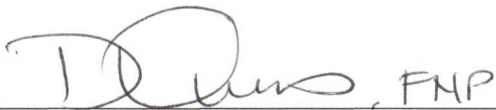
80061 Lipid panel

83036 A1C

82306 Vitamin D

82607 Vitamin B12

84153 PSA total



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Slimming Grace

Date: _____

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