

**Follow-up**  
General Test Requisition

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor:**  Nicholas A Bertha, DO  Other: \_\_\_\_\_

**TEST**

**DIAGNOSIS**

- CBC
- CMP (Patient Must Fast)
- LIPID PROFILE (Patient Must Fast)
- IRON PROFILE
- FERRITIN
- FOLATE
- HgB A1C
- TSH
- VITAMIN B-12 LEVEL
- VITAMIN A LEVEL
- VITAMIN D 1, 25 LEVEL
- VITAMIN D 25, HYDROXY, LS/MS/MS
- URIC ACID
- PT
- PTT
- INR
- H. PYLORI Urea Breath Test
- H. PYLORI, IGG, IGM, IGA
- THIAMINE LEVEL, Plasma
- \* MUST PROTECT FROM LIGHT*
- \* FROZEN SPECIMEN*

- JOINT PAIN 715.09
- IRON DEFICIENCY ANEMIA 280.1
- GERD 530.11/530.81
- SLEEP APNEA 780.57
- VITAMIN B-12 DEFICIENCY 266.2
- HYPOVITAMINOSIS 269.2
- DUODENAL ULCER 532.90
- DIABETES 250.00
- HYPERTENSION 401.9
- CAD 429.2
- PREGNANCY V72.4
- HYPERLIPIDEMIA 272.4
- POST-OP MALABSORPTION 579.3
- POST-OP HYPOTHYROID 244.0
- MORBID OBESITY 278.01

OTHER DIAGNOSIS:  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ MD / DO

**PLEASE FAX RESULTS**

\*Please Send Results to:

DR. \_\_\_\_\_

FAX: \_\_\_\_\_



**New Patient**  
General Test Requisition

