



feel thirty something again™

Sheppard Office Park, 602 Sheppard Road, Voorhees, NJ 08043
P: 856.751.2100 | F: 856.751.2106 | virapel.com

William B. Miller, D.O. | Cheryl Felt, MSN, APN-C

Order #:

Date:

Lab Name:
Lab Account#:

Physician Name: William B. Miller, D.O.
Phone No.: 856-751-2100
Fax No.: 856-751-2106

- Use this lab request to obtain the blood work that is necessary for your bio-identical hormone replacement therapy consultation at least **2 weeks prior** to your scheduled appointment. If we do not have these lab results prior to your visit, your appointment will have to be rescheduled.
- In order to have your insurance cover this lab work you will need to go to a lab as directed by your insurance provider or take this request to your primary care provider.

Patient

Last Name:

First Name:

Middle:

Gender: Male

Date of Birth:

Address:

Home Phone:

Other Phone:

| Sr.No. | Test Name | ICD Code |
|--------|---------------------|---------------|
| 1 | *Free Testosterone | 302.74,607.84 |
| 2 | *Total Testosterone | 302.74,607.84 |
| 3 | *PSA | 302.74,607.84 |
| 4 | *H and H | 302.74,607.84 |
| 5 | *TSH | 302.74,607.84 |
| 6 | *Estradiol | 302.74,607.84 |

Labs requested by: William Miller, D.O.

PLEASE FAX RESULTS TO: 856-751-2106

Comments: