



Feel Thirty Something Again

Sheppard Office Park, Suite 602, 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: _____ **Physician:** Dr. William Miller, D.O.
Account #: _____ **Phone:** 856-751-2100, **Fax:** 856-751-2106


- Use this Lab Request to obtain the bloodwork necessary for your Bio-Identical Hormone Replacement Therapy consultation at least TWO weeks prior to your appointment. If we do NOT have your lab results prior to your visit, your appointment will have to be rescheduled.
- In order to have your insurance company cover this lab work, you will need to go to a lab as directed by your insurance company or take this request to your primary care provider.

Patient Demographics:

Last Name: _____ **First Name:** _____
Gender: FEMALE **Date of Birth:** _____
Address: _____

Contact Number: _____

Sr. No	Test Name	ICD-10 Code
1	Estradiol	E34.9, N95.1, N95.8
2	Total Testosterone	E34.9, N95.1, N95.8
3	Free Testosterone	E34.9, N95.1, N95.8
4	FSH	E34.9, N95.1, N95.8
5	TSH	E34.9, N95.1, N95.8
6	Free T3	E34.9, N95.1, N95.8
7	Free T4	E34.9, N95.1, N95.8
8	Vitamin D	E34.9, N95.1, N95.8

Physician Signature: _____  [NPI: 1932332129 | DEA: AM9485182]