



Feel Thirty Something Again

Sheppard Office Park, 602 Sheppard Rd, Voorhees, NJ 08043

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Cheryl Felt, MSN, APN-C

Date:

Physician: Cheryl Felt, MSN, APN-C

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Phone: 856-751-2100 | Fax: 856-751-2106

- Use this Lab Request to obtain the bloodwork 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 company or take this request to your primary care provider.

Patient Information:

Last Name:

First Name:

Gender: MALE

Date of Birth:

Address:

Contact Number:

| | Ordered Tests: | DX Codes: |
|--|-------------------------|---------------------|
| | ESTRADIOL | E34.9, E29.9, E29.8 |
| | TSH | E34.9, E29.9, E29.8 |
| | FREE TESTOSTERONE | E34.9, E29.9, E29.8 |
| | TOTAL TESTOSTERONE | E34.9, E29.9, E29.8 |
| | PSA | E34.9, E29.9, E29.8 |
| | HEMOGLOBIN & HEMATOCRIT | E34.9, E29.9, E29.8 |