



OSUNC
ORTHOPAEDIC SPECIALISTS OF NORTH CAROLINA

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LAB REQUEST FORM

Patient Name: _____

Diagnosis: Osteoporosis 733.0 Osteopenia 733.90

- Comprehensive Metabolic Profile (to include Ca, Alk Phos)
- PTH
- TSH
- 25 Hydroxyvitamin D
- Free Testosterone Level
- (Other) _____

(Physician's Signature)

(Date)

(Physician's Name Printed)

****PLEASE FAX RESULTS TO (919) 562 – 2948***

PHONE: (919) 562 – 9410