

Patient Label/Stamp

Endocrinology Clinic
Fax: 504.903.1605

Fax this form with the Endocrinology Master Referral form when requesting appointment.

Appendix: **GASTRINOMA**

Serum Fasting Gastrin levels (current within the past 6 months) are required for this referral. If results are not available in MCL/CLIQ include the test results as well as the date of testing on this form and fax with the Endocrine Clinic Referral Request. Please instruct the patient to bring copies of test results and current medications to the clinic for their appointment.

Educational note:
Please note that if the patient is on H2 Blockers or proton pump inhibitors the gastrin level may be high, therefore hold such meds for 2 weeks before the serum gastrin level is drawn.

Patient Name: _____ Date of Referral: ___/___/___
Date of Birth: ___/___/___ LIHMedical Record Number: _____

Serum Fasting Gastrin level Result: Range: Date:
_____ _____ - _____ ___/___/___