

Endocrinology Clinic
Fax: 504.903.1605

Patient Label/Stamp

Fax this Appendix with the Endocrinology master referral form when requesting an appointment.

Appendix: Hypercalcemia and Hyperparathyroidism

Serum calcium, phosphorus, alkaline phosphatase, 25-hydroxy-Vitamin D, PTH and a 24 hour urine collection for calcium and creatinine are required (all current within the past 6 months) for this referral. In addition, a DXA Scan (within the past 12 months) is also required.

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

Serum albumin	_____	Date:	___/___/___
Serum calcium	_____	Date:	___/___/___
Serum creatinine	_____	Date:	___/___/___
Serum phosphorus	_____	Date:	___/___/___
Serum alkaline phosphatase	_____	Date:	___/___/___
Serum PTH	_____	Date:	___/___/___
Serum 25-OH-Vitamin D	_____	Date:	___/___/___
24 Hour Urine Collection:		Date:	___/___/___
Calcium	_____		
Creatinine	_____		
Urine Volume	_____		

DXA Results: _____ Date: ___/___/___

Hip	T-score_____	Z-score _____	Density _____
Spine	T-score_____	Z-score _____	Density _____
Distal Radius	T-score_____	Z-score _____	Density _____