

**Endocrinology Clinic**

**Fax: 504.903.1605**

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

Patient Label/Stamp

**Appendix: HYPERCORTISOLEMIA (Cushing Syndrome)**

Cushing’s syndrome is suggested by moon facies, buffalo hump and central obesity, hypertension, glucose intolerance or diabetes, and other characteristic signs and symptoms. A 24-hour urine for free Cortisol and Creatinine (for adequacy of collection) (current within the past 6 months) or 1 milligram overnight dexamethasone suppression test are required for this referral.

**Please indicate test results on this form and fax it with the Endocrine Clinic Referral Form if the results are not available in CLIQ.** Please have the patient bring the Adrenal Radiology Imaging studies to their appointment if they are not available at LIH.

Patient Name: \_\_\_\_\_ Date of Referral: \_\_\_/\_\_\_/\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_ LIH Medical Record Number: \_\_\_\_\_

	Result:	Lab Range:	Date:
24 hour urine			___/___/___
Cortisol	_____	____ - _____	
Creatinine	_____	____ - _____	
Volume	_____	____ - _____	
Serum cortisol (dex. Suppressed)	_____	____ - _____	___/___/___

**See instruction for 24 hour urine collection and Dexamethasone suppression tests.**