

LSU Health System
Interim LSU Hospital in New Orleans

Endocrinology Clinic

Fax: 504.903.1605

Fax this form with the Endocrinology Master

Referral form when requesting an appointment.

Patient Label/Stamp

Appendix: HYPERTHYROIDISM or THYROTOXICOSIS

TSH, free T4, and total T3 if TSH is suppressed and T4 is not elevated (current within the past 6 months) and a thyroid ultrasound are required for this referral.

Please indicate test results on this form or fax a copy with the Endocrine Clinic Referral Form if the results are not available in CLIQ. Please have the patient bring the Thyroid Radiology Imaging studies to their appointment if they are not available at MCL.

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

Result: Lab Range: Date:

TSH	_____	_____ - _____	___/___/___
Free T4	_____	_____ - _____	___/___/___
Total T3	_____	_____ - _____	___/___/___