

Endocrinology Clinic
Fax: 504.903.1605

Patient Label/Stamp

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

Appendix: Hypocalcemia & Hypoparathyroidism

Test results of a serum calcium, albumin, creatinine, phosphorus, alkaline phosphatase, 25-hydroxy-Vitamin D, and PTH (current within the past 6 months) are required for this referral. Please indicate your lab results if not available in CLIQ or fax a copy with the Endocrine referral form and send a copy with the patient.

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

Albumin	_____	Date: ___/___/___
Alkaline phosphatase	_____	Date: ___/___/___
Calcium	_____	Date: ___/___/___
Creatinine	_____	Date: ___/___/___
Phosphorus	_____	Date: ___/___/___
PTH	_____	Date: ___/___/___
25-OH-Vitamin D	_____	Date: ___/___/___