

Endocrinology Clinic

Fax: 504.903.1605

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

Patient Label/Stamp

Appendix: LIPID DISORDERS

A 12 hour fasting lipid profile, AST, ALT, Basic Metabolic Panel and liver function tests (current within the past 3 months) 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.**

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

	Result:	Lab Range:	Date:
Fasting Lipid Profile:			
Cholesterol	_____	___ - ___	___/___/___
HDL	_____	___ - ___	
LDL	_____	___ - ___	
Triglycerides	_____	___ - ___	
Serum AST	_____	___ - ___	___/___/___
Serum ALT	_____	___ - ___	___/___/___
Serum Alkaline phosphatase	_____	___ - ___	___/___/___
Serum BMP:			
Sodium	_____	___ - ___	
Potassium	_____	___ - ___	
Chloride	_____	___ - ___	
CO2	_____	___ - ___	
BUN	_____	___ - ___	
Creatinine	_____	___ - ___	
Glucose	_____	___ - ___	
Medications:			
Dose:		Start Date:	
Bezafibrate	_____	___/___/___	
Ezetimibe	_____	___/___/___	
Fenofibrate	_____	___/___/___	
Gemfibrozil	_____	___/___/___	
Lovaza	_____	___/___/___	
Niacin	_____	___/___/___	
Statins:			
Atorvastatin	_____	___/___/___	
Fluvastatin	_____	___/___/___	
Lovastatin	_____	___/___/___	
Pravastatin	_____	___/___/___	
Rosuvastatin	_____	___/___/___	
Simvastatin	_____	___/___/___	
Other Drugs:			
	_____	___/___/___	
	_____	___/___/___	
	_____	___/___/___	