

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: FEMALE REPRODUCTIVE DISORDERS & HIRSUTISM

1. For primary or secondary amenorrhea, polycystic ovarian syndrome (PCOS), premature ovarian failure / early menopause < 40 years of age, and galactorrhea: serum FSH /LH, estradiol, total testosterone, and prolactin levels are required (current within 6 months).

2. For Hirsutism: Serum FSH /LH, total testosterone, cortisol, and DHEA-S levels (current within 6 months) are required.

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: _____

Serum Cortisol (8 am)	_____	Date: ___/___/___	Time: __:__ am/pm
Serum DHEA-S	_____	Date: ___/___/___	
Serum Estradiol	_____	Date: ___/___/___	
Serum FSH	_____	Date: ___/___/___	
Serum LH	_____	Date: ___/___/___	
Serum Prolactin	_____	Date: ___/___/___	
Serum Testosterone (Total)	_____	Date: ___/___/___	

***Please instruct the patient to bring current medications to the clinic for their appointment.