

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 appointment.

Appendix: VIPoma

Serum Vasoactive Intestinal Peptide levels (current within the past 6 months) are required for this referral. **Indicate test results on this form and fax it with the Endocrine Clinic referral form. If the results are not available in CLIQ send a copy of the test results with the patient.** Instruct the patient to bring copies of test results and their current medications to the clinic for their appointment.

Patient Name: _____ Date of Referral: ___/___/___

Date of Birth: ___/___/___ LIH Medical Record Number: _____

	Date:	Result:	Lab Range:
Serum VIP level	___/___/___	_____	_____ - _____