

THE NATIONAL WOMEN'S HORMONE LABORATORY

DRAW AND SEND SPECIMEN TO:

6901 Mercy Rd. Omaha Ne 68106
Phone: 402-390-0532 Fax: 402-505-8931
CLIA # 28D043756

Thomas W. Hilgers M.D. Medical Director
Thomas W. Hilgers M.D. Laboratory Director

PATIENT INFORMATION

Name (Last, First) _____ Date of Birth ___/___/___
Address _____ Phone ___-___-___ Gender MALE / FEMALE
PPVI Account # _____ *****NEW PATIENTS MUST SEND DEMOGRAPHIC INFORMATION FOR PROCESSING*****

BILLING INFORMATION

Bill To: Patient Self-Pay / *Insurance / Client *SEND COPY OF INSURANCE CARD (Front and Back)
Insurance _____ Ordering Provider _____
Subscriber ID _____ Group # _____ Provider Phone # ___-___-___ Fax # ___-___-___
Name of Policy Holder _____ Signature of Provider (Required) _____

ORDER INFORMATION

AMENORRHEA PROFILES

Amenorrhea Profile: Complete* DATE DRAWN _____ TIME DRAWN _____ INITIALS _____

| | | | | | | | |
|-------|--------------|-------|--------------------------|-------|-----|-------|-----------|
| 84144 | PROGESTERONE | 82157 | ANDROSTENEDIONE | 84443 | TSH | 83001 | FSH |
| 82670 | ESTRADIOL | 82627 | DHEA-SO4 | 84439 | FT4 | 83002 | LH |
| | | 84270 | SHBG | 84480 | T3 | 84146 | PROLACTIN |
| | | 84403 | TOTAL TESTOSTERONE (RIA) | 84436 | T4 | | |

Amenorrhea Profile: Limited* DATE DRAWN _____ TIME DRAWN _____ INITIALS _____

| | | | |
|-------|--------------------|-------|-----------|
| 82157 | ANDROSTENEDIONE | 83001 | FSH |
| 82627 | DHEA-SO4 | 83002 | LH |
| 84270 | SHBG | 84146 | PROLACTIN |
| 84403 | TESTOSTERONE (RIA) | | |

DRAWING INSTRUCTIONS

*Amenorrhea Profile :

Draw blood into RED TOP TUBE or SST. Submit **minimum** of three - 1 mL aliquot tubes.

*Send frozen on ice packs for next day delivery.

Prepaid shipping kits available
Call 402-390-0532 to order a kit.

DIAGNOSIS

Diagnosis is MANDATORY for all Patient and Insurance Billing.
Please circle the appropriate Diagnosis.

N91.2 Amenorrhea
E28.9 Hyper-hormonal
N91.0 Primary
N91.1 Secondary
N92.6 Irregular Cycles
N93.8 Dysfunctional Uterine Bleed
E28.2 Polycystic Ovarian Syndrome
E28.1 Androgen Excess
E03.9 Hypothyroidism, Unspecified
Z13.29 Thyroid Disorder Screening
E28.39 Other Primary Ovarian Failure

ICD-10 Code _____
Diagnosis _____