



Name _____ Date _____

Address _____ DOB _____

Lab Orders

Patient requires serum hormone levels

Estradiol Progesterone

Testos (total) Testos (free)

DHEA Cortisol (am)

Patient requires salivary hormone levels

Hormone Profile I (Estradiol, Progesterone,
Testosterone, DHEA, Cortisol -am)

Dx/ICD-9 _____

Symptomatic menopausal or female climacteric states	- 627.2
Symptomatic states associated with artificial menopause	- 627.4
Postmenopausal atrophic vaginitis	- 627.3
Premenopausal menorrhagia	- 627.0

Signature _____

M.D. Name _____

Address _____
