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MEDICAL INFORMATION REQUEST

In order to ensure safe and medically sound treatment, please contact your primary care physician or other medical professional to obtain the following tests listed below. Be sure to request that your lab/test results be faxed to our office at 1-888-475-8311.

1. **Electrocardiograph (EKG)-with your primary care physician's interpretation**
2. **Required Laboratory Tests:**
 - a. **CBC with differential and platelets**
 - b. **Urinalysis**
 - c. **Urine Drug Screen**
 - d. **Comprehensive Metabolic Panel (Chemistry Screen)—must include the following:**

*Glucose	*Total Protein	*Sodium
*Potassium	*Total Bilirubin	*Chloride
*CO2	*AST (SGOT)	*BUN
*Creatinine	*ALT (SGPT)	*Calcium
*Albumin	*Alkaline Phosphatase	
 - e. **Serum Tests (not included in most Comprehensive Metabolic Panels)**

*Magnesium	*Cholesterol	*TSH
*Phosphorus	*Triglycerides	*Serum HCG

We recommend that you give this list to your doctor to ensure that all tests are completed. We thank you for making this request a priority because your health and wellbeing are important to us.

These test results are necessary to make sure that you are not in any immediate physical danger. They are also required to be medically cleared in the event that an in-patient program is indicated. Depending on results and progress, these tests may need to be repeated to ensure continued medical stability.