

Laparoscopic Associates of San Francisco Medical Group, Inc.
Paul T. Cirangle, MD DEA BC4306696 CA G68894

1700 California Street – Suite 280 – San Francisco, CA 94109
415-820-5939 Fax 415-820-5946

Name _____ DOB _____

Address _____ Date _____

ANNUAL Laboratory Testing

Bring the prescription for blood tests to the center of your choice two weeks prior to your appointment date to get your blood drawn (this will allow adequate time for your result to arrive at our office).

STOP taking all of your vitamin and mineral supplements at least THREE days prior to having your blood drawn.

DO NOT eat or drink anything the morning of your blood draw (fast overnight).

Quest and LabCorp centers can send your results to us electronically, thus they are our preferred laboratories.

Laparoscopic Associates of San Francisco Medical Group, Inc.
Paul T. Cirangle, MD DEA BC4306696 CA G6889

1700 California Street – Suite 280 – San Francisco, CA 94109
415-820-5939 Fax 415-820-5946

Name _____ DOB _____

Address _____ Date _____

Laboratory Testing

- Anemia(iron deficiency) 280.9
- Vitamin D deficiency 268
- Hypocalcemia 275.41
- Hypokalemia 276.8

Cardiovascular Panel: Total Cholesterol, Triglycerides, LDL, VLDL, HDL, CRP

Comprehensive Metabolic Panel: Sodium, Potassium, Chloride, Carbon Dioxide (bicarbonate), BUN, Creatinine, Glucose, Calcium, SGOT (AST), SGPT (ALT), Albumin, Alkaline Phosphatase, Bilirubin (Total), Total Protein, Magnesium, Phosphorous, TSH, PTH (Intact).

Specialty Chemistry (Vitamin Level): Carnitine, Folate (serum/RBC), Selenium, Vitamin A, Vitamin B6, Vitamin B12, Vitamin D (25 OH), Zinc, Thiamine(B1).

Hematology Panel: CBC (including diff), Platelet Count, Prothrombin time, INR, PTT, Iron, Total Iron Binding Capacity, Ferritin, Transferrin.

*****Allow 2-3 weeks for lab to process results***
Fax ONLY Final results to 415-820-5946**

MD

Laparoscopic Associates of San Francisco Medical Group, Inc.
1700 California Street – Suite 280 – San Francisco, CA 94109
415-820-5939 Fax 415-820-5946

LabCorp Request Form (Client Number: 04324952)
Paul T. Cirangle, MD

Name _____ DOB _____

Address _____ Date _____

Laboratory Testing

- Anemia(iron deficiency) 280.9
- Vitamin D deficiency 268
- Hypocalcemia 275.41
- Hypokalemia 276.8

Cardiovascular Panel (346214)

Comprehensive Metabolic Panel (314024, 345510)

Specialty Chemistry (Vitamin Level) (347074)

Hematology Panel (347085)

*****Allow 2-3 weeks for lab to process results***
Fax ONLY Final results to 415-820-5946**

MD

Laparoscopic Associates of San Francisco (96752)
1700 California Street – Suite 280 – San Francisco, CA 94109
415-820-5939 Fax 415-820-5946

Quest Request Form
Paul T. Cirangle, MD

Name _____ DOB _____

Address _____ Date _____

Laboratory Testing

- Anemia(iron deficiency) 280.9
- Vitamin D deficiency 268
- Hypocalcemia 275.41
- Hypokalemia 276.8

Cardiovascular Panel (45341)

Comprehensive Metabolic Panel (45342)

Specialty Chemistry (Vitamin Level) (45343 A&B)

Hematology Panel (49248)

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Fax ONLY Final results to 415-820-5946**

MD