



Bryan Allen, MD
Sean Castellucci, DO
Ricardo D. Gonzalez, MD
Edward Herrman, MD

G. Austin Hill, MD
Alan K. Miller, MD, FACS
Mark Weintraub, MD
Mitchell Yadven, MD

Kelly Callis, FNP-C
David Deering, ARNP-C
Carolina Leòn, ARNP-C

External Ancillary Service Order

Patient Name: _____ D.O.B.: _____

Test Ordered: Male Infertility Panel

Blood:

- FSH (Follicle Stimulating Hormone)
- Luteinizing Hormone
- Prolactin
- Testosterone Free and Total
- Y chromosome microdeletion
- Karyotype
- CFTR (Cystic Fibrosis transmembrane conductance regulator) mutation test

Other: _____

Diagnosis: _____

Ordered by: _____ Date: _____

- | | | |
|---|---|---|
| <input type="checkbox"/> Sean Castellucci, DO | <input type="checkbox"/> Edward Herrman, MD | <input type="checkbox"/> G. Austin Hill, MD |
| <input type="checkbox"/> Alan Miller, MD | <input type="checkbox"/> Mark Weintraub, MD | <input type="checkbox"/> Bryan Allen, MD |
| <input type="checkbox"/> Mitchell Yadven, MD | <input type="checkbox"/> Ricardo Gonzalez, MD | |

Please Fax All Results to 941-794-2251 ATTENTION to the ordering Physician. If any questions please Contact our lab Dept at 941-792-0340 ext 1343