Thyroid Panel Test Requisition Form

Patient Information

Patient Name: Jane Smith

Date of Birth: 02/14/1980

Gender: Female

Contact Number: (555) 123-4567

Medical Record Number (if applicable): 7890123

Primary Care Physician: Dr. John Anderson

Clinical Information

- **Reason for Test**:
  - [x] Symptoms
  - [ ] Routine Screening
  - [ ] Thyroid Disorder Monitoring
  - [ ] Pregnancy
  - [ ] Other (please specify): _____
- **Clinical Symptoms**:
  The patient presents with fatigue, unexplained weight gain, and dry skin.
- **Pregnancy Status (if applicable)**:
  - [ ] Pregnant
  - [x] Not Pregnant
  - [ ] N/A
- **Relevant Medical History**:
  The patient has a history of hypothyroidism and is currently taking Levothyroxine 50 mcg daily. No known allergies.

Thyroid Panel Test Selection

- [ ] Basic Thyroid Panel (TSH, Free T4)
- [x] Comprehensive Thyroid Panel (TSH, Free T4, Free T3)
- [ ] Thyroid Antibodies (TPOAb, TgAb)
- [ ] Other (please specify): _____

Billing Information

- **Insurance Provider (if applicable)**: BlueCross BlueShield
- **Policy/ID Number**: 123456789

Consent and Authorization

I, the undersigned, authorize and consent to the Thyroid Panel Test. I understand that the test may involve the collection and analysis of blood samples. I acknowledge that the results will be shared with my healthcare provider for diagnostic and treatment purposes.

Patient's Signature: Jane Smith

Date: 11/02/2023