



ATLAS

UROLOGY

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: _____

Bryan Allen, MD

Please Fax All Results to 941-251-3422 ATTENTION to the ordering Physician. If any questions, please Contact us.

941-324-2550