

Referral for Laboratory Test

Date: [Insert Date]

To: [Laboratory Name]

Address: [Laboratory Address]

Dear [Recipient's Name],

I am writing to refer my patient, [Patient's Full Name], for a hormone level assessment. The patient has been presenting with symptoms that warrant further investigation into their hormonal balance.

Patient Information:

Name: [Patient's Full Name]

Date of Birth: [Patient's DOB]

Gender: [Patient's Gender]

Contact Number: [Patient's Contact Number]

Tests Requested:

- Serum Testosterone Level
- Estradiol Level
- Thyroid Stimulating Hormone (TSH) Level
- Cortisol Level

Please find attached any relevant medical history and previous lab results to assist in your evaluation.

Thank you for your prompt attention to this matter. Please do not hesitate to contact my office at [Your Contact Number] should you require any further information.

Sincerely,

[Your Name]

[Your Title]

[Your Practice Name]

[Your Address]

[Your Contact Number]