Pre Op Department
T: (833) 462-5769 **F**: (347) 569-5093
E: labs@goalsplasticsurgery.com

Laboratory Referral Form

For patients getting their required bloodwork completed with a diagnostic laboratory, please use the following form.

Patient Information

Name: _____ Date of Birth: _____

Required Lab Orders & Panels:	**Internal Use Only: Request Repeat**
Comprehensive Metabolic Panel (CMP) - R79.89	
Hepatic Function Panel - R94.5	
CBC with Differential Platelets - R68.89	
PTPTT, INR - R79.01	
HCG Quantitative - Z32.0	
HIV - B20.2, B20.3, B20.4, B20.5, B20.6	
Hepatitis C - B18.2	

If applicable. For internal use only.

Lab Order Name: _____ Code: _____

Lab Order Name: _____ Code: _____

Physician Information

Name and Signature: Sergey Voskin _____

Address: 721 St. Nicholas Avenue, New York NY 10031

Submitting Documents: Please submit lab results via email at labs@goalsplasticsurgery.com or send via fax to (347) 569-5093.