## **Test Clinic**

3835 SE Center St. Portland, OR 97202

Phone: (503) 234-1120, Fax: (503) 234-1119

## **Physician Order**

| PATIENT DEMOGRAPHICS  | GUARANTOR AND INSURANCE INFORMATION |
|---|-------------------------------------|
| Klown, Krusty Date of Birth: 05/13/2010, Gender: Male 123 Main Street Portland, OR 97202 (503) 234-1120 | Bill Client                         |

| LABORATORY PROVIDER                                       | DATE       |
|---|------------|
| Quirk<br>234 Main<br>Portland, OR 97202<br>(503) 234-1119 | 02/23/2014 |

| DIAGNOSES                                   | SIGNATURE        |
|---|------------------|
| Unspecified acquired hypothyroidism [244.9] | MIchael Chen, MD |

|  | ORDER |
|--|-------|
| Thyroid stimulating hormone (TSH); SNOMED: 313440008 |       |
|  |       |