

**Order Form****Advanced Metabolic Care and Research**

28441 RANCHO CALIFORNIA RD, Suite 104  
TEMECULA, CA, 92590-3618

760-743-1431 760-743-6455

Req/Ctrl# (CD-): 1008095

**Radhika Hariharan, MD**

NPI: 1548447865

Endocrinology

**Haria, Jesika H, Female, 11/29/1992** ID: 127369

617-717-9079 16958 SILVER CREST LN, SAN DIEGO, CA, US 92127-2830

Today: 05/25/2021 09:44 AM

Order Date: 05/25/2021 09:00 AM

Primary Insurance Name: Blue Cross Anthem

Insurance Address: PO Box 60007 , Los Angeles , CA , 90060-0007

Subscriber Number: SZY558W07528

Insured Name: Haria, Jesika H

Address: 16958 SILVER CREST LN, SAN DIEGO, CA, US 92127-2830

Priority	Lab	Fast	Assessment(s)	Instructions
Routine	<b>TSH (Ordered for 08/30/2021)</b>	No	- E06.3, Autoimmune thyroiditis	
Routine	<b>free T4 (Ordered for 08/30/2021)</b>	No	- E06.3, Autoimmune thyroiditis	
Routine	<b>IRON, TIBC AND FERRITIN PANEL (Ordered for 08/30/2021)</b>	No	- D50.9, Iron deficiency anemia, unspecified	
Routine	<b>CBC (INCLUDES DIFF/PLT) (Ordered for 08/30/2021)</b>	No	- D50.9, Iron deficiency anemia, unspecified	
Routine	<b>Comp. Metabolic Panel (14) (Ordered for 08/30/2021)</b>	No	- E06.3, Autoimmune thyroiditis	
Routine	<b>PROLACTIN (Ordered for 08/30/2021)</b>	No	- E28.2, Polycystic ovarian syndrome	



Electronically Signed By:  
Radhika Hariharan, MD

Signature of  
Patient/Guardian

Order generated by eClinicalWorks (www.eclinicalworks.com)

Haria, Jesika H, Unknown, 11/29/1992