

# ASSOCIATED EYE CARE, INC.

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## REQUEST FOR DIAGNOSTIC TESTING

NAME: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

DATE: \_\_\_\_\_

DIAGNOSIS: LUPUS M32.9, RA M05.9, ANKYLOSING SPONDYLITIS M45.9, SYPHILIS A53.9, TB H22.0, SARCOID D86.3

- |   |  |
|---|--|
| <input type="checkbox"/> ACE LEVEL  | <input type="checkbox"/> PROTEIN "C"           |
| <input type="checkbox"/> ANA  | <input type="checkbox"/> PROTEIN "S"           |
| <input type="checkbox"/> ANCA   | <input type="checkbox"/> RHEUMATOID FACTOR     |
| <input type="checkbox"/> ANTICARDIOLIPIN ANTIBODY                                   | <input type="checkbox"/> SERUM LIPIDS- FASTING |
| <input type="checkbox"/> BLOOD SUGAR (FBS)  | <input type="checkbox"/> TSH                   |
| <input type="checkbox"/> BUN, CREATININE, GFR                                       | <input type="checkbox"/> T3                    |
| <input type="checkbox"/> "C" REACTIVE PROTEIN                                       | <input type="checkbox"/> T4                    |
| <input type="checkbox"/> SED RATE – WESTERGREN                                      | <input type="checkbox"/> WBC                   |
| <input type="checkbox"/> CBC WITH DIFF  | <input type="checkbox"/> OTHER                 |
| <input type="checkbox"/> CHEST X-RAY  |  |
| <input type="checkbox"/> CT SCAN WITH AND WITHOUT CONTRAST                          |  |
| <input type="checkbox"/> CT SCAN WITHOUT CONTRAST                                   |  |
| <input type="checkbox"/> FACTOR 5 LYDEN   |  |
| <input type="checkbox"/> FTA ABS  |  |
| <input type="checkbox"/> RPR  |  |
| <input type="checkbox"/> VDRL   |  |
| <input type="checkbox"/> Hgb A1c  |  |
| <input type="checkbox"/> HLA-B 27   |  |
| <input type="checkbox"/> LYME TITER   |  |
| <input type="checkbox"/> LYSOZYME   |  |
| <input type="checkbox"/> MRA  |  |
| <input type="checkbox"/> MRI WITH AND WITHOUT CONTRAST-BRAIN                        |  |
| <input type="checkbox"/> MRI WITHOUT CONTRAS-BRAIN                                  |  |
| <input type="checkbox"/> MYASTHENIA RECEPTOR ANTIBODY-BINDING, BLOCKING, MODULATING |  |
| <input type="checkbox"/> PLATELETS  |  |
| <input type="checkbox"/> PPD  |  |

SIGNATURE \_\_\_\_\_

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