ASSOCIATED EYE CARE, INC.

2702 Navarre Ave.
Suite 205
Oregon, OH 43616
(419) 696-7780
(419) 696-7782 fax

1000 Regency Ct.
Suite 100
Toledo, OH 43623
(419) 882-0588
(419) 885-3070 fax

960 W. Wooster St.
Suite 216
Bowling Green, OH 43402
(419) 352-5500
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REQUEST FOR DIAGNOSTIC TESTING

NAME: _____ D.O.B.: _____

DATE: _____

DIAGNOSIS: _____

- ☐ ACE LEVEL
- ☐ ANA
- ☐ ANCA
- ☐ ANTICARDIOLIPIN ANTIBODY
- ☐ BLOOD SUGAR (FBS)
- ☐ BUN, CREATININE, GFR
- ☐ "C" REACTIVE PROTEIN
- ☐ SED RATE – WESTERGREN
- ☐ CBC WITH DIFF
- ☐ CHEST X-RAY
- ☐ CT SCAN WITH AND WITHOUT CONTRAST
- ☐ CT SCAN WITHOUT CONTRAST
- ☐ FACTOR 5 LYDEN
- ☐ FTA ABS
- ☐ RPR
- ☐ VDRL
- ☐ Hgb A1c
- ☐ HLA-B 27
- ☐ LYME TITER
- ☐ LYSOZYME
- ☐ MRA
- ☐ MRI WITH AND WITHOUT CONTRAST-BRAIN
- ☐ MRI WITHOUT CONTRAS-BRAIN
- ☐ MYASTHENIA RECEPTOR ANTIBODY-BINDING, BLOCKING, MODULATING
- ☐ PLATELETS
- ☐ PPD
- ☐ PROTEIN "C"
- ☐ PROTEIN "S"
- ☐ RHEUMATOID FACTOR
- ☐ SERUM LIPIDS- FASTING
- ☐ TSH
- ☐ T3
- ☐ T4
- ☐ WBC
- ☐ COVID-19
- ☐ OTHER

SIGNATURE _____