

Dear Patient,

Thank you for your interest in BioBalance Health. In order to determine if you are a candidate for Bio-identical testosterone pellets, we need laboratory and your history forms. Dr. Maupin or Dr. Sullivan will evaluate your information prior to your consultation to determine if BioBalance Health can help you live a healthier life. Please complete the following tasks before your appointment:

1. **Have your blood lab drawn.** Enclosed are 4 lab requisitions: one for Quest Diagnostics, one for LabCorp, a generic lab requisition to use if your insurance does not cover Quest or LabCorp, and one for a DHT (dihydrotestosterone) test. You must fast for 12 hours and do not have sex for 48 hours prior to the blood draw. You must also have your blood drawn NO LATER than 9:00 a.m. It is up to you to find out if your insurance company will cover the cost of the labs. We prefer that you use Quest Diagnostics or LabCorp to get your labs drawn. But if you choose to use your primary care physician, please note that many times they do not order the tests that we need and we will require that you go again. This not only causes to you have your blood drawn multiple times, it delays the timeframe in which we can schedule your new appointment.
2. **If your insurance does not cover the cost of the labs or if you have a high deductible, we have a self-pay option with Quest Diagnostics.** If you choose to utilize this option, the approximate cost of your labs will be \$350.00. What you must do in order to take advantage of this option:
  - a. Contact BioBalance Health office at (314) 993-0963. Our office is open Monday through Friday, 9:00 a.m. until 5:00 p.m.
  - b. Notify the receptionist that you would like to pre-pay for your labs. She will collect your credit card information over the phone. And then you will be given a different lab requisition that notifies Quest that you have pre-paid.
  - c. PLEASE NOTE: You cannot use the lab requisition with this packet. Quest will bill you or your insurance if you do. We must provide you with a different requisition that notifies the lab not to charge you or your insurance.
3. **The lab requisition for the DHT** should be taken to any Quest laboratory. You do not need to fast and it is not time sensitive. We have found that most insurance companies do not cover the cost of this test. And since Dr. Maupin requires it for all new male patients, BioBalance Health will absorb the cost of this test. If for any reason you choose to have this test done at a different laboratory, we cannot accept financial responsibility for it.
4. **Mail the completed Male New Patient Questionnaire packet** to our office.
5. **Sign and mail the enclosed consent forms.**

**PLEASE NOTE: It takes 2 weeks for us to receive the results of your lab test in our office.**

Please mail, fax, or email all completed forms to:

**BioBalance Health**

10800 Olive Blvd.

Creve Coeur, MO 63141

Attn: Receptionist

Fax: (314) 218-3999

Email: [newpatient@biobalancehealth.com](mailto:newpatient@biobalancehealth.com)

Once we receive ALL of your information and lab results, we will contact you to schedule your initial consultation. Thank you and we look forward to seeing you soon!

Sincerely,

Kathy C. Maupin, M.D.



Rachel Maupin Sullivan, D.O.



# Male New Patient Questionnaire

## Patient Demographics

First Name:	Middle:	Last Name:	
Home Phone:		Cell Phone:	
Email:			SSN:
Address:			City:
State:	Zip:	Age:	Date of Birth:
Referred by:		Primary Care Physician:	
Occupation:		Employer:	
Which Office Location:    St. Louis _____                      Kansas City _____			

## Emergency Contact Information

Name:	Relationship:
Primary Phone:	Secondary Phone:
Email:	

## Current Medications (List all current medications)

Drug	Dose	How Often?

# Male New Patient Questionnaire

## Supplements (List all current supplements)

Supplement	Dose	How Often?

## Symptoms of Hormonal Deficiencies (check all that apply)

<input type="checkbox"/>	Lack Or Decreased Sex Drive
<input type="checkbox"/>	ED: Erectile Dysfunction
<input type="checkbox"/>	Decreased or No Ejaculation
<input type="checkbox"/>	Loss of Morning Erections
<input type="checkbox"/>	Insomnia
<input type="checkbox"/>	Memory Loss/Trouble Thinking
<input type="checkbox"/>	Loss of Motivation
<input type="checkbox"/>	New Migraine Headaches
<input type="checkbox"/>	Decreased Muscle Mass & Strength
<input type="checkbox"/>	Joint Aches/Arthritis
<input type="checkbox"/>	Lack of Energy -Fatigue
<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Thinning Eyebrows
<input type="checkbox"/>	Poor Immunity
<input type="checkbox"/>	Exhausted In The Morning
<input type="checkbox"/>	Can't Fall Asleep

<input type="checkbox"/>	Poor Balance
<input type="checkbox"/>	Poor Coordination
<input type="checkbox"/>	Increased Belly Fat
<input type="checkbox"/>	Ringin g in Ears
<input type="checkbox"/>	Thinning Hair
<input type="checkbox"/>	Depression
<input type="checkbox"/>	New Anxiety Attacks
<input type="checkbox"/>	Male Breast Development
<input type="checkbox"/>	Cold All The Time
<input type="checkbox"/>	Generalized Swelling
<input type="checkbox"/>	Brittle Nails
<input type="checkbox"/>	Irritable
<input type="checkbox"/>	Low Blood Sugar
<input type="checkbox"/>	Stay Awake For Days
<input type="checkbox"/>	Ache All Over
<input type="checkbox"/>	

# Male New Patient Questionnaire

## Exercise History (Check all that apply)

<input type="checkbox"/>	I Don't Exercise
<input type="checkbox"/>	I Have A Physical Job
<input type="checkbox"/>	I Exercise Daily For _____ Minutes
<input type="checkbox"/>	I Exercise 3 Times/Week For 50 Min or More
<input type="checkbox"/>	I Am A Long Distance Runner
<input type="checkbox"/>	I Lift Weights _____ Times A Week
<input type="checkbox"/>	Normal Activity is What I Consider Exercise

## Previous Testosterone Replacement (Check all that apply)

<input type="checkbox"/>	I Have Used Pellet T Before
<input type="checkbox"/>	I Have Used T Gel Before
<input type="checkbox"/>	I Have Used Drugs
<input type="checkbox"/>	I Have Used Testosterone in the past
<input type="checkbox"/>	I Have Used "Anabolic Steroids" to gain muscle. # of years ago? for how long?
<input type="checkbox"/>	I Use or Have Used Growth Hormones

## Past Surgeries (List year of surgery)

Year	Surgery
	Lap Band Surgery or Obesity Surgery
	Open Heart Surgery
	Joint Replacement
	Cancer Surgery
	Vasectomy

## Habits (Check all that apply)

<input type="checkbox"/>	Smoking Cigarettes Or Cigars #Packs/day? #of Years?
<input type="checkbox"/>	I Smoked Cigarettes/Cigars in the past?
<input type="checkbox"/>	I Drink More Than 10 Drinks of Alcohol/Week
<input type="checkbox"/>	I drink everyday
<input type="checkbox"/>	I am a Recovering Alcoholic
<input type="checkbox"/>	I Use or Have Used Marijuana In Past Year
<input type="checkbox"/>	I Use or Have Used Cocaine
<input type="checkbox"/>	I Use or Have Used Anabolic Steroids in the past? How many years ago?

## Family History (Check all that apply)

<input type="checkbox"/>	Prostate Cancer
<input type="checkbox"/>	Other Cancers
<input type="checkbox"/>	Lung Cancer
<input type="checkbox"/>	Breast Cancer (Female)
<input type="checkbox"/>	Breast Cancer (Male)
<input type="checkbox"/>	Obesity
<input type="checkbox"/>	Heart Disease
<input type="checkbox"/>	Heart Arrhythmias
<input type="checkbox"/>	Thyroid Disease
<input type="checkbox"/>	Arthritis
<input type="checkbox"/>	Autoimmune Disease
<input type="checkbox"/>	Diabetes Type I
<input type="checkbox"/>	Diabetes Type II
<input type="checkbox"/>	Hemochromatosis

## Preventative Medicine (Check all that apply)

<input type="checkbox"/>	PCP Visit in Last Year
<input type="checkbox"/>	Urologist Within Last Year
<input type="checkbox"/>	Colonoscopy in Last 10 Years
<input type="checkbox"/>	
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<input type="checkbox"/>	

# Male New Patient Questionnaire

## Medical Illnesses (List year of Illness)

Year	Illness
	ADD, ADHD
	Addison's Disease
	Adrenal Fatigue
	Alcoholism, AA, Drug Dependence
	Arthritis
	Blood Clot/Pulmonary Embolism
	BPH: Benign Prostatic Enlargement
	Cancer
	Depression/Anxiety
	Diabetes Type I
	Diabetes Type II
	Emphysema / Copd
	Fatty Liver Disease
	Glaucoma
	Heart Attack
	Hemochromatosis
	Hepatitis
	High Blood Pressure

Year	Illness
	HIV, AIDS
	Insulin Resistance
	Kidney Disease
	Manic Depression or Bipolar Disorder
	Multiple Sclerosis
	Narcolepsy
	Osteoporosis
	Past History Of Head Injuries
	Post Concussion Syndrome
	Prostate Cancer
	Restless Legs
	Schizophrenia
	Seizures or Epilepsy
	Sleep Apnea
	Stroke
	TB
	Testicular Cancer

## Social History (Check all that apply)

<input type="checkbox"/>	I Have Completed My Family
<input type="checkbox"/>	I Am Married or in Committed Relationship
<input type="checkbox"/>	I Am Sexually Active
<input type="checkbox"/>	I Want to be Sexually Active
<input type="checkbox"/>	I Am Heterosexual
<input type="checkbox"/>	I Am Homosexual
<input type="checkbox"/>	I Am Bisexual
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## Diet History (Check all that apply)

<input type="checkbox"/>	I Eat Anything I Want
<input type="checkbox"/>	I Don't Eat Much And Gain Weight Anyway
<input type="checkbox"/>	I Have Gained Weight In My Abdomen
<input type="checkbox"/>	I Eat A Balanced Diet 3 Times A Day
<input type="checkbox"/>	I Eat 6 Small Meals A Day
<input type="checkbox"/>	I Don't Eat Meat or Animal Products
<input type="checkbox"/>	I Am Gluten Sensitive
<input type="checkbox"/>	I Limit Carbohydrates
<input type="checkbox"/>	I Eat Low Fat Diet
<input type="checkbox"/>	I Eat a High Protein Diet
<input type="checkbox"/>	Other:

Current Weight: \_\_\_\_\_ (lbs)      Current Height: \_\_\_\_\_ (ft, in)      Ideal Weight: \_\_\_\_\_ (lbs)

I attest that all the information I give is true.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Frequently Asked Questions

## Bioidentical Hormone Male Patient Fee Schedule

Consultations - Physician (45 minutes):	\$250
Consultations - Nurse Practitioners/Nurse (45 minutes):	\$200
Follow up Consultations - Physician:	\$175
Follow up Consultations - Nurse Practitioners/Nurse:	\$150
Pellet Insertion - Male (every 6 months)	*Approximately \$1,300

\*Actual cost may vary based on your individual treatment plan.

- Payment in full is expected at the time of service.
- All contact with insurance companies is your responsibility.
- Email will be used for most patient communication, unless otherwise discussed.
- Most insurance companies reimburse men for pellet implantations, but not women.
- This service is not covered by Medicare so you may not send in your bill for reimbursement.

**Payment is due at the time of service. We accept cash, check, Visa, MasterCard, Discover and American Express.**

I understand that payment is due in full at the time of service. I also understand that it is my responsibility to submit a claim to my insurance company for possible reimbursement. I have been advised that most insurance companies do not consider pellet therapy or the initial consultation fee to be covered benefits and my insurance company may not reimburse me, depending on my coverage. I understand that BioBalance® Health is also not a Medicare provider and services provided by BioBalance® Health are not covered by Medicare. I acknowledge that BioBalance® Health has no contracts with any insurance companies and is not contractually obligated to pre-certify treatment with my insurance company or answer letters of appeal. Permission is granted to the staff of BioBalance® Health for care and treatment and hormone pellet therapy of the patient identified above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Male Testosterone Pellet Insertion Consent Form (Page 1 of 2)

Bioidentical testosterone pellets are concentrated, compounded hormone, biologically identical to the testosterone that is made in your own body. Testosterone was made in your testicles prior to “andropause.” Bioidentical hormones have the same effects on your body as your own testosterone did when you were younger.

Hormone pellets are made from plants and are FDA approved for men for the treatment of andropause. The pellet method of hormone replacement has been used in Europe, the US and Canada since the 1930’s by select doctors in the United States, such as Dr. Gambrell and Dr. Lobo, both Endocrine/Gynecologists. Your risks are similar to those of any testosterone replacement but may be lower risk than alternative forms. During andropause, the risk of not receiving adequate hormone therapy can equal or outweigh the risks of replacing testosterone with pellets.

Risks of not receiving testosterone therapy after andropause include: Arteriosclerosis, elevation of cholesterol, obesity, loss of strength and stamina, generalized aging, osteoporosis, mood disorders, depression, arthritis, loss of libido, erectile dysfunction, loss of skin tone, diabetes, increased overall inflammatory processes, dementia and Alzheimer’s disease, and many other symptoms of aging.

Testosterone pellet therapy is generally suggested for you after traditional methods for replacement have failed or if you seek a more physiologic treatment for andropause. Urologic consultation or primary care doctor approval for this therapy should be obtained prior to consenting, and written permission by your physician is NECESSARY before beginning testosterone pellet replacement therapy.

**CONSENT FOR TREATMENT:** I consent to the insertion of testosterone pellets in my hip, abdominal wall or flank (love handle). I have been informed that I may experience any of the complications to this procedure as described below. Surgical risks are the same as for any minor medical procedure and are included in the list of overall risks:

- Bleeding, bruising, swelling, infection and pain
- Lack of effect (from lack of absorption)
- Thinning hair, male pattern baldness
- Increased growth of prostate and prostate tumors (questionable)
- Growth of liver tumors ( not from the pellet form)
- Expulsion of pellets
- Hyper sexuality (overactive Libido)
- Priapism (erection lasting longer than 72 hours)



## Male Testosterone Pellet Insertion Consent Form (Page 2 of 2)

### **BENEFITS OF TESTOSTERONE PELLETS INCLUDE:**

- Increased libido, energy, and sense of well-being
- Increased Muscle mass and strength and stamina
- Decreased frequency and severity of migraine headaches
- Decrease in mood swings, anxiety and irritability (secondary to hormonal decline)
- Decreased weight (Increase in lean body mass)
- Decrease in risk or severity of diabetes
- Decreased risk of heart disease
- Decreased risk of Alzheimer's and dementia
- 20-60% increased growth hormone production

I understand that if I begin testosterone replacement with any testosterone treatment, including testosterone pellets, that I will produce less testosterone from my testicles and if I stop replacement, I may experience a temporary decrease in my testosterone production. Testosterone Pellets should be completely out of your system in 12 months.

By beginning treatment, I accept all the risks of therapy stated herein and future risks that might be reported. I understand that higher than normal physiologic levels may be reached to create the necessary hormonal balance.

**By signing below I acknowledge that there may be risks of testosterone therapy that we do not yet know at this time, and I accept those and all the above risks by accepting therapy and signing below.**

**This consent is ongoing for this and all future pellet insertions.**

Print Name:

Signature:

Date:

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## Consent to Communicate

Please indicate the ways you consent for BioBalance Health to communicate with you

	<b>Can contact (Yes/No)</b>	<b>Can leave message (Yes/No)</b>
Cell Phone		
Home Phone		
Work Phone		
Email		
Text Message		

Do we have permission to speak with spouse/partner? Yes \_\_\_\_\_ No \_\_\_\_\_

Do we have permission to leave a message with spouse/partner? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list name(s) and relationship \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Copying and Faxing Records, Forms, Financial Summaries, etc.

BioBalance Health collects a \$35 fee for all copying or faxing of records, lab results, insurance forms, and financial summaries for tax purposes.

A signed release form is required before BioBalance Health will send, fax, email, etc. any medical records or information.

We will require a credit card prior to copying or faxing any of your forms, and will charge the card immediately. The time frame for copying is two weeks. Requests from life or disability insurance companies will also be charged to you and you may request reimbursement from the company.

Print Name:

Signature:

Date:

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## HIPAA Information and Consent Form

The Health Insurance Portability and Accountability Act (HIPAA) provides safeguards to protect your privacy. Implementation of HIPAA requirements officially began on April 14, 2003. Many of the policies have been our practice for years. This form is a “friendly” version. A more complete text is posted in the office.

What this is all about: Specifically, there are rules and restrictions on who may see or be notified of your Protected Health Information (PHI). These restrictions do not include the normal interchange of information necessary to provide you with office services. HIPAA provides certain rights and protections to you as the patient. We balance these needs with our goal of providing you with quality professional service and care. Additional information is available from the U.S. Department of Health and Human Services. [www.hhs.gov](http://www.hhs.gov)

### We have adopted the following policies:

1. Patient information will be kept confidential except as is necessary to provide services or to ensure that all administrative matters related to your care are handled appropriately. This specifically includes the sharing of information with other healthcare providers, laboratories, health insurance payers as is necessary and appropriate for your care. Patient files may be stored in open file racks and will not contain any coding which identifies a patient’s condition or information which is not already a matter of public record. The normal course of providing care means that such records may be left, at least temporarily, in administrative areas such as the front office, examination room, etc. Those records will not be available to persons other than office staff. You agree to the normal procedures utilized within the office for the handling of charts, patient records, PHI and other documents or information.
2. It is the policy of this office to remind patients of their appointments. We may do this by telephone, e-mail, U.S mail, or by any means convenient for the practice and/or as requested by you. We may send you other communications informing you of changes to office policy and new technology that you might find valuable or informative.
3. The practice utilizes a number of vendors in the conduct of business. These vendors may have access to PHI but must agree to abide by the confidentiality rules of HIPAA.
4. You understand and agree to inspections of the office and review of documents which may include PHI by government agencies or insurance payers in normal performance of their duties.
5. You agree to bring any concerns or complaints regarding privacy to the attention of the office manager or the doctor.
6. Your confidential information will not be used for the purposes of marketing or advertising of products, goods or services.
7. We agree to provide patients with access to their records in accordance with state and federal laws.
8. We may change, add, delete or modify any of these provisions to better serve the needs of the both the practice and the patient.
9. You have the right to request restrictions in the use of your protected health information and to request change in certain policies used within the office concerning your PHI. We are not obligated to alter internal policies to conform to your request.

I, \_\_\_\_\_ do hereby consent and acknowledge my agreement to the terms set forth in the HIPAA INFORMATION FORM and any subsequent changes in office policy.

**I attest that all the history I give is true and I understand that this consent shall remain in force from this time forward.**

Print Name:

Signature:

Date:

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## **Does testosterone cause prostate cancer?**

No. The metabolites of testosterone, dihydrotestosterone and estrone cause prostate enlargement and contribute to prostate cancer. Estrone increases and testosterone decreases as men age and as men gain belly fat. Testosterone Pellets are the only replacement that reverses that trend

## **How do I take testosterone pellets and not convert them to dihydrotestosterone and estrone?**

We check the blood levels of your estrone and DHT after treatment and make sure that they are not elevated. Some men do still convert to these metabolites even on Testosterone pellets, If they are converting, we troubleshoot with medications such as SawPalmetto, Arimidex, Avodart, Propecia or Proscar.

## **What if I have prostate enlargement already?**

Testosterone Pellets will make it better, if you do not convert it to DHT and we will treat that if it happens.

## **Why are pellets better than patches, shots or pills of testosterone?**

They are the pure hormone that is not metabolized into byproducts by going through the liver, stomach, or skin. This deliver system allows your body to take as much testosterone from the pellet, as your body needs because the blood flow surrounding the pellets picks up what is needed.

## **Where do the pellets go after six months?**

They are completely dissolved and gone after six months.

## **Will my testicles shrink while I take the testosterone pellets?**

Yes, they will. Testicles are suppressed by taking any kind of Testosterone, and do not make much testosterone while the pellets are working. When pellets wear off it takes a few months for the testicles to recover.

## **How long will it take for my pellets to work?**

It takes about three to five weeks to get the full effect on the first dose, and they must be reinserted every six months before symptoms recur.

## **How long will it take for my body to get back to lean normal?**

That depends on how much you exercise and work out with weights, and your age. Testosterone decreases fat and increases muscle and lean body mass. Testosterone also increases your natural Growth Hormone, and therefore will improve your stamina to work out and increase muscle mass.

## **How long will my pellets last?**

Six months is typical. If you don't sleep much and exercise many hours a day, do stressful work or are an athlete, you will use them up more quickly and we may need to dose you with more pellets on the next insertion, or more frequently.

## **If I have used alcohol to excess or drugs like marijuana, will my effect be the same as other men?**

No. You will use up the testosterone more quickly because your liver is activated to metabolize hormones more quickly. Marijuana increases prolactin, the hormone that increases for breast feeding in women, and counteracts the effects of Testosterone: sex drive, ejaculatory function and sexual stamina, are all effected in men with Testosterone pellets, and in young men as well. It is expected that if you take testosterone, you will stop using marijuana altogether and decrease or stop alcohol consumption.

## **If I have diabetes will testosterone help me with my sexual response?**

Yes, unless your diabetes has progressed to damage the vessels going to your pelvis. Testosterone increases insulin sensitivity which will decrease triglycerides and stabilize blood glucose, in most diabetics It will improve the status of your diabetes. If your diabetes is advanced has caused severe compromise and narrowing of the vessels going to your pelvis, testosterone may not improve your sexual function.

## **Do present and former athletes need testosterone at an earlier age than other men?**

This is a common finding. Many of our patients are ex-athletes and find that Testosterone Pellets tend to improve joint function, cartilage thickness, and muscle tone necessary to relieve the pain from damage to the joints from years of sports. It is now medically proven that chronic head injury causes the pituitary of athletes to decrease production of the stimulatory hormones that increase testosterone, growth hormone and thyroid hormone. The incidence of heart disease and dementia and other illnesses occur earlier and more severely in ex-athletes if they are not replaced with testosterone, Growth hormone and thyroid hormone.

## **Does testosterone improve depression and anxiety?**

Yes. It often replaces antidepressants which decrease the libido. We do not suggest stopping antidepressants for 6 months after starting testosterone pellets

## **How do cholesterol lowering drugs affect testosterone?**

Testosterone is made of cholesterol. When you take cholesterol-lowering drugs, you decrease the substrate that testosterone is made of. Statins lower cholesterol but also lower the production of many hormones, testosterone, estrogen, cortisol, thyroid and parathyroid.

## **Why are testosterone pellets better than Viagra?**

Testosterone fixes the real problem—the lack of testosterone that decreases libido and sexual performance. Viagra is only treating a symptom and works only when you take it. It does not fix the sexual desire issues and has many side effects.

## **Additional testosterone facts**

- Aging begins when testosterone drops below 400 total Testosterone
- By decreasing estrone you increase testosterone, and your risk of prostate cancer
- The production of testosterone in men normally decreases in their mid-forties and early to middle 50's.
- Bioidentical Testosterone treatment is the best therapy for lack of libido and impotence because it is most like what your body produced in your youth.

**BioBalance Health – Quest Diagnostics**

**Quest Account STL 78300024**

10800 Olive Blvd - St. Louis, MO 63141 Phone (314) 993-0963 Fax (314) 218-3999

Kathy C. Maupin M.D.

Bill Insurance

Fax Results to (314) 218-3999

Draw Before 9:00 AM

FASTING

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Diagnosis Codes:** E29.1, E34.9, R53.83

**Male Pre Pellet (20 test)**

10231 CMP

7600 Lipid Panel

6399 CBC w/Diff

10124 Cardio CRP

16293 IGF-1

4212 Cortisol AM

615 LH

470 FSH

746 Prolactin

23244 Estrone

785 ABO Group

899 TSH

866 T4 free

34429 T3 free

5363 PSA

36170 Testosterone (free & Total)

457 Ferritin

496 Hemoglobin A1C

561 Insulin (fasting)

31789 Homocysteine

Signature: 

Total Test Ordered: 20

**BioBalance Health – Quest Diagnostics**

**Quest Account STL 78300024**

10800 Olive Blvd - St. Louis, MO 63141 Phone (314) 993-0963 Fax (314) 218-3999

Kathy C. Maupin M.D.

Bill Practice

Fax Results to (314) 218-3999

Date: \_\_\_\_\_ Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Diagnosis Codes:**

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Male DHT Pre Pellet

90567 DHT

Ver 2.0 Nov 2017

Signature: *Kathy C Maupin*

Total Test Ordered: 1



**BioBalance Health – LabCorp**

**LabCorp Account STL 24863400**

10800 Olive Blvd - St. Louis, MO 63141 Phone (314) 993-0963 Fax (314) 218-3999

Kathy C. Maupin M.D.

Bill Insurance

Fax Results to (314) 218-3999

Draw Before 9:00 AM

FASTING

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Diagnosis Codes:** E29.1, E34.9, R53.83

**Male Pre Pellet (21 test)**

322000 CMP

303756 Lipid Panel

005009 CBC w/Diff

120766 Cardio CRP

010363 IGF-1

104018 Cortisol AM

004283 LH

004309 FSH

004465 Prolactin

004564 Estrone

006056 ABO Group

004259 TSH

001974 T4 free

010389 T3 free

010322 PSA

500142 DHT

500726 Testosterone, Free, MS/Dialysis

004598 Ferritin

001453 Hemoglobin A1C

004333 Insulin (fasting)

706994 Homocysteine

Signature: 

Total Test Ordered: 21

# BioBalance Health – Lab Rec

10800 Olive Blvd - St. Louis, MO 63141 Phone (314) 993-0963 Fax (314) 218-3999

Kathy C. Maupin M.D.

Bill Insurance

Fax Results to (314) 218-3999

Draw Before 9:00 AM

FASTING

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Member ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Diagnosis Codes:** E29.1, E34.9, R53.83

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**Male Pre Pellet (21 test)**

CMP

Lipid Panel

CBC w/Diff

Cardio CRP

IGF-1

Cortisol AM

LH

FSH

Prolactin

Estrone

ABO Group

TSH

T4 free

T3 free

PSA

DHT

Testosterone (free & Total)

Ferritin

Hemoglobin A1C

Insulin (fasting)

Homocysteine