



CB#7032, Room 7200 MBRB  
The University of North Carolina at Chapel Hill  
Chapel Hill, NC 27599-7080  
Phone (919) 966-4318 FAX (919) 843-6899

Date\_\_\_\_\_

Dear Doctor\_\_\_\_\_

*Our mutual patient,\_\_\_\_\_ is being treated for inflammatory bowel disease. Their current regimen needs to be monitored on a regular basis. We would like to engage your assistance in this endeavor.*

*The following lab tests:*

- ☐ CBC
- ☐ ALT
- ☐ AST
- ☐ ALK PHOS
- ☐

*diagnosis code*

*It may be necessary to repeat some or all of the tests on a regular basis until the dosage of medication is stable. If you have any questions, please do not hesitate to contact us.*

\_\_\_\_\_MD

*The results can be faxed to 919 843 6899, ATTN: Laurie Powers, RN*

*We appreciate your effort on behalf of our patient.*

*LabCorp Acct # 32825995*