



CB#7032, Room 7200 MBRB
The University of North Carolina at Chapel Hill
Chapel Hill, NC 27599-7080
Phone (919) 537-3378 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 laboratory tests:

- ☐ *CBC with platelets*
- ☐ *Alk Phos*
- ☐ *ALT*
- ☐ *AST*
- ☐ *GGT*
- ☐ *Other*_____

diagnosis code

should be drawn _____week after the above date. 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: Christina Womble, RN*

We appreciate your effort on behalf of our patient.

LABCorp Acct # 32825995