



Pre Op Department  
T: (833) 462-5769 F: (347) 569-5093  
E: labs@goalsplasticsurgery.com

### Laboratory Referral Form

For patients getting their required bloodwork completed with a diagnostic laboratory, please use the following form.

#### Patient Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

#### Required Lab Orders & Panels:

Internal Use Only:  
Request Repeat

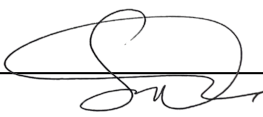
Comprehensive Metabolic Panel (CMP) - R79.89	
Hepatic Function Panel - R94.S	
CBC with Differential Platelets - R68.89	
PTPTT, INR - R79.01	
HCG Quantitative - Z32.0	
HIV - B20.2, B20.3, B20.4, B20.5, B20.6	
Hepatitis C - B18.2	

If applicable. For internal use only.

Lab Order Name: \_\_\_\_\_ Code: \_\_\_\_\_

Lab Order Name: \_\_\_\_\_ Code: \_\_\_\_\_

#### Physician Information

Name and Signature: Sergey Voskin 

NPI #: 131-602-8582

Address: 721 St. Nicholas Avenue, New York NY 10031

Submitting Documents: Please submit lab results via email at [labs@goalsplasticsurgery.com](mailto:labs@goalsplasticsurgery.com) or send via fax to (347) 569-5093.