

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Cortisol Stimulation Test Order Form
Epic Referral: REF115203

Patient Name: _____ **DOB:** _____

Address: _____

Phone: _____ **ICD-10 Diagnosis:** _____

Rx:

Please Order:

_____ Baseline Cortisol

_____ Baseline Adrenocorticotrophic Hormone (ACTH)

_____ Cosyntropin (Cortrosyn) IV Injection 0.25 mg

30 Minute Cortisol

60 Minute Cortisol

90 Minute Cortisol

Other Comments: _____

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ **Office Fax Number:** _____

Prescriber Signature: _____ **Date:** _____