

Name: _____ ID # : _____

To: The Treating Physician

Dear Doctor –

1. The above patient is a candidate for Detox and Rehabilitation Treatment.

For the purposes of the above, please perform the tests listed below and kindly forward their results to us so we may commence treatment.

List of medical tests for rehabilitation intake:

1. Summary of Medical History
2. EKG
3. Chest X-Ray (Radiologist's summary only)
4. Complete Blood Count (+ differential, platelets)
5. Blood biochemistry

Chloride	Total Protein	Glucose
Sodium	Globulin*	Urea
Potassium	Albumin*	Creatinine
Amylase	Cholesterol	Bilirubin
Alk. Phosphatase	Triglycerides	Total *
SGOT, SGPT, GGT	Uric Acid	Direct *

6. Blood serology:
 - A. VDRL
 - B. HBs-Ag, Hep. C, Hep. A, Hep. B
7. General urine test
8. AIDS / HIV test
9. For women only: Pregnancy test β - HCG Quantitative in blood
10. P. s. a. for patients over age 50
11. TSH
12. DHEA-S
13. DHEA
14. Cortisol
15. Other tests, upon your medical discretion: _____

Incomplete or missing test results may delay rehabilitation intake!

Dear Candidate,

To schedule an Intake Interview, please send test results in advance via email:

mifgashim@retorno.org

Please specify a phone number at which we can contact you and schedule the Intake Interview.

