



(803) 256-4107
1910 Blanding St.
Columbia, SC 29201
1013 Lake Murray Blvd.
Irmo, SC 29063

Rx

Patient - please fill your NAME and DATE OF BIRTH before visiting the office

FOR (NAME): _____

DATE OF BIRTH: _____

Address: _____ Date: _____

Request for a blood test for metal ion levels of whole blood COBALT and CHROMIUM

STOP TAKING VITAMINS AND MINERAL SUPPLEMENTS 1 WEEK PRIOR TO TEST.

We request that test be performed at the patient's local QUEST laboratories, if possible.

DIAGNOSIS:	<input type="checkbox"/> OA, left hip (M16.12)	<input type="checkbox"/> Left hip pain (M25.552)
(choose one	<input type="checkbox"/> OA, right hip (M16.11)	<input type="checkbox"/> Right hip pain (M25.551)
that applies)	<input type="checkbox"/> OA, unspecified hip (M16.10)	<input type="checkbox"/> Unspecified hip pain (M25.559)

If you require an electronic prescription, please call: 803-933-6127

Thomas
P Gross,
MD

Digitally signed
by Thomas P
Gross, MD
Date: 2026.02.05
09:20:30 -05'00'

Please FAX to 803-933-6339 and *give the patient an additional copy*