

**MIDLANDS
orthopaedics
& NEUROSURGERY**

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