NAME: _____

DOB: _____

Please draw the following before 9:30am

- ☐ Serum cortisol level
- ☐ Serum aldosterone level + serum renin level
- ☐ Plasma free metanephrine + plasma free normetanephrine

If high suspicion of adrenocortical carcinoma only:

- ☐ Serum DHEA-S, 17-OH progesterone, androstenedione, total testosterone, 17-beta estradiol

_____ _____

Prescriber Signature Date

Print name: _____

Phone: _____ Fax: _____