



### ACTH Stimulation Test Referral

**Patient Information:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

ICD#  
10: \_\_\_\_\_

**Referring Physician Information:**

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact: \_\_\_\_\_

**Protocol:**

To rule out primary adrenal insufficiency.

- 1) Draw early morning Basal Cortisol and ACTH level first (before 10am)
- 2) Inject Cosyntropin 250mcg IV
- 3) Draw Cortisol level at 30 min and 1 hour after injection
- 4) Patient to take usual medications. No fasting necessary

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

### Asante Infusion Services

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