**Recommended lab testing**:

□ All of the lab test items listed below

□ Only the circled items listed below

Glucose, Serum A/G Ratio TSH

Hemoglobin A1c Bilirubin, Total T3 Uptake

Uric Acid, Serum Alkaline Phosphatase Free T3

BUN LDH Free T4

Creatinine, Serum AST (SGOT) Reverse T3

eGFR ALT (SGPT) TPO Antibody

BUN/Creatinine Ratio GGT Thyroglobulin Antibody

Sodium, Serum Iron Bind Cap (TIBC) Vitamin D, 25-Hydroxy

Potassium, Serum Iron, Serum Fibrinogen Activity

Chloride, Serum Iron Saturation ESR (Sed. Rate)

Carbon Dioxide, Total Ferritin, Serum CBC with Differential

Calcium, Serum Cholesterol, Total Urinalysis

Phosphorus, Serum Triglycerides

Magnesium, Serum HDL Cholesterol

Protein, Total, Serum LDL Cholesterol

Albumin, Serum C-Reactive Protein, Cardiac

Globulin, Serum Homocysteine, Plasma

**We are suspicious of this patients health status due to**:

□ Disturbed Sleep □ Fatigue □ Decreased Energy □ Weight Issues

□ General Malaise □ Headaches □ Skin Issues □ Blood Pressure Issues

□ Fibromyalgia □ Dizziness □ Depression □ Digestive Disturbances

□ Eye / Vision Issues □ Nervousness □ Irritable / Moody □ Tingling / Numbness in □ Joint Pain / Muscle Pain □ Other: Extremities

**Medical Provider Request for Blood Lab Testing**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Patient:** Please bring this Request for Blood Lab Testing to your medical provider to complete the basic lab testing panel we are recommending for you. If you are looking to have these lab tests billed to your insurance it is your responsibility (as the patient) to confirm that you have insurance coverage for lab testing, and to know what your health insurance deductible or co-pays may be when the medical lab bills your insurance for this testing. **Please make sure you authorize the medical facility to have these lab results sent to our clinic ASAP**.

**To the Medical Provider:** We are requesting that you support this patient in their goal of taking more responsibility for their health, and in being more proactive in preventing future health problems. The information we learn from the recommended lab tests below will allow us to provide expert guidance to this patient for any dietary, lifestyle or nutritional therapies that would be of greatest benefit for improving any current health conditions, and preventing health issues later in life. This patient looks forward to complimenting your expert medical care with the natural healthcare options we offer to our patients. Thank you for your supporting this patient in their journey for better health!

Dr. ??????????????, DC

Address

City, State zip

Phone: ???-???-????

Fax: ???-???-????

**This request for Blood Lab Testing is provided by:**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dr. ????????????????, DC