

Doctor Name:

Address:

Phone:

Fax:

Patient Name: _____

Please fax the results of the following tests

ORDER

TESTING

Homocysteine

Hs-C-Reactive Protein

Fibrinogen

Lipid Profile including: VLDL, LDL, HDL, Lipoprotein A

Tumor Necrosis Factor -Alpha

Interleukin -1b

Interleukin -6

Fasting Insulin

C-Peptide

Thyroid Panel:T4, Free T3, etc.

Helicobacter Pylori IgG antibodies

Brain Natriuretic Peptide

Selenium

Cancer Antigen (CA) 15 -3

Hepatobiliary: GGT, AST, ALT

Testosterone: Free and Total

I, _____, authorize release of above listed test result information to _____

Signed _____ Date _____