Chloride Blood Test Request Form

Patient Information

Name: John Smith

Date of Birth: January 15, 1980

Gender: Male

Address: 123 Main Street, Anytown, USA

Phone Number: (555) 555-5555

Email Address: john.smith@email.com

Physician Information

Name: Dr. Emily Davis, MD

Medical License Number: MD1234567

Contact Information: (555) 123-4567 I emily.davis@email.com

Clinical Details

Reason for Test

Patient presenting with persistent muscle weakness and electrolyte imbalance symptoms.

Medical History

Hypertension, no known kidney issues, not currently taking diuretics.

Specimen Collection

Date of Collection: October 15, 2023

Time of Collection: 9:30 AM

Fasting Required: Yes, patient instructed to fast for 8 hours prior to the test.

Other Instructions: Patient advised to withhold any medications unless otherwise instructed by the physician.

Test Request

Test Ordered: Chloride Blood Test

Additional Tests: Complete Metabolic Panel (CMP) to assess comprehensive electrolyte and metabolic status.

Patient Consent

I hereby consent to the Chloride Blood Test and any additional tests deemed necessary by my healthcare provider. I understand the purpose and potential risks.

Patient's Signature: John Smith

Date: October 15, 2023

Laboratory Information

Laboratory Name: MedLab Diagnostics

Laboratory Address: 456 Oak Street, Anytown, USA

Contact Information: (555) 789-1234 I info@medlab.com

Submission:

Submit to Laboratory: The form will be hand-delivered to MedLab Diagnostics on the same day.

Copy Kept in Patient Records: A copy of this form will be retained in the patient's medical record for future reference.