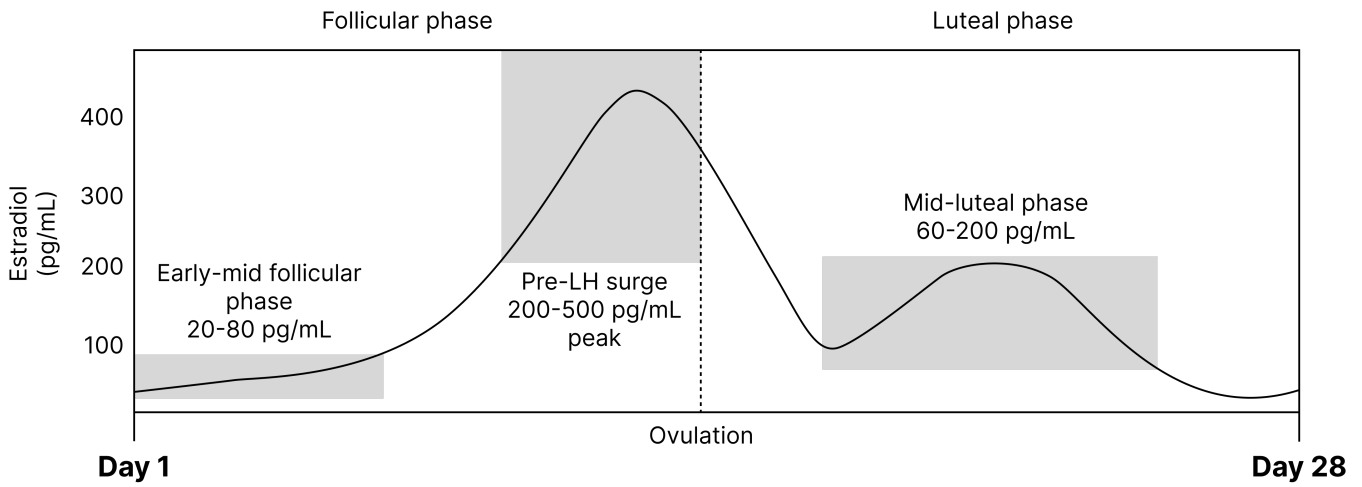


Estradiol Levels Chart

Patient name: _____ Practitioner name: _____



Date sample taken: _____ Estradiol (E2) result: _____ [pg/ml]

Menstrual cycle phase at collection (if applicable): _____

Additional notes