## Hemoglobin A1C (HbA1c) Test

Name:
Date of Birth:
Sex:
Date of Test:
Reason for Test:
Additional Notes:
Name and Signature of Physician:
Request Date:

Patient Name:
Laboratory Name:
Contact Information:
Test Results
<ul> <li>HbA1C Level:</li></ul>
Additional Notes (Treatment Plan, Next Steps, Instructions, etc.)

## Physician's Name and Signature:

Date: