## **Hormonal Imbalance Test Report**

| Patient information |                       |
|---------------------|-----------------------|
| Name                |                       |
| Gender              | Date of birth         |
| Date of test        | Medical record number |
| Clinical history    |                       |
|                     |                       |
| Test results        |                       |
| Sample type         | Sample ID             |
|                     |                       |
| Interpretation      |                       |
|                     |                       |
| Recommendations     |                       |
|                     |                       |

| Additional notes       |                |
|------------------------|----------------|
|                        |                |
|                        |                |
| Provider's information |                |
| 110114010111411011     |                |
| Ordering physician     | Provider's NPI |
| Contact information    |                |
| 1 7 0                  |                |
| Name and Signature     | Date           |