# **Magnesium Blood Test**

#### **Patient Information:**

Name:	
Date of Birth:	
Gender:	
Address:	
Phone Number:	
Email Address:	

### **Medical History & Related Questions:**

Question	
List any known existing medical conditions:	
Are you currently on any medication? (If yes, list)	
Any known allergies?	
Describe your dietary habits:	
History of kidney or gastrointestinal issues?	
Recent episodes of stress or illness?	

#### **Tests:**

Test Conducted	Date	Ordered by
Magnesium Blood Test		

## Findings:

Parameter	Result	Normal Range	Basis of Findings
Magnesium Level		1.7-2.2 mg/dL	Based on blood serum levels

## Interpretation:

Magnesium Level Interpretation	Notes

## **Overall Interpretation:**

Doctor's Signature:

License Number:

Date: