

# Prostate-Specific Antigen (PSA) Test Report

## Patient Information

|                     |  |
|---------------------|--|
| <b>Patient Name</b> |  |
| Date of Birth       |  |
| Patient ID          |  |

## Physician Information

|                       |  |
|-----------------------|--|
| <b>Physician Name</b> |  |
| Department            |  |
| Contact Info          |  |

## Test Information

|                      |  |
|----------------------|--|
| <b>Date of Test:</b> |  |
| Lab ID:              |  |

## Medical History

|                                     |  |
|-------------------------------------|--|
| <b>Previous PSA levels (if any)</b> |  |
| Other relevant medical history      |  |

## Presenting Symptoms

- Frequent urination
- Difficulty starting or stopping urination
- Painful or burning urination
- Blood in urine or semen
- Painful ejaculation
- Difficulty in having an erection
- Pain or stiffness in lower back, hips, or upper thighs

## Test Results

|                          |  |
|--------------------------|--|
| <b>PSA Level (ng/mL)</b> |  |
|--------------------------|--|

Normal Range: 0.0 - 4.0 ng/mL

### Interpretation

- Within normal limits
- Elevated - Further investigation is recommended

### Comments

### Signature

Physician: \_\_\_\_\_ Date: \_\_\_\_\_