

# Testosterone Blood Test

## Patient Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Test: \_\_\_\_\_

## Test Details:

Ordered By: \_\_\_\_\_ Test Date: \_\_\_\_\_

Test Method: \_\_\_\_\_

## Test Results:

- Total Testosterone Level: \_\_\_\_\_ ng/dL
- Free Testosterone Level: \_\_\_\_\_ ng/dL
- Bioavailable Testosterone Level: \_\_\_\_\_ ng/dL

## Reference Ranges:

- Total Testosterone:
  - \_\_\_\_\_ to \_\_\_\_\_ ng/dL
- Free Testosterone:
  - \_\_\_\_\_ to \_\_\_\_\_ ng/dL
- Bioavailable Testosterone:
  - \_\_\_\_\_ to \_\_\_\_\_ ng/dL

## Interpretation:

- Total Testosterone:
  - Within normal range
  - Below normal range
  - Above normal range

• **Free Testosterone:**

- Within normal range
- Below normal range
- Above normal range

• **Bioavailable Testosterone:**

- Within normal range
- Below normal range
- Above normal range

**Clinical Comments:**

- Provide additional information or comments regarding the patient's testosterone levels and their potential implications.

**Recommendations:**

- If levels are outside the normal range, consider further evaluation and treatment as necessary.

**Provider's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_