# Vitamin E or Tocopherol Test

**Patient's Full Name:** Max Field

**Date of Birth:** December 20, 1982

**Gender:** Male

**Contact Information:** 361-480-6332

**Healthcare Provider (if applicable):** None

**Reason for Test:** Suspected Vitamin E Deficiency

**Additional Symptoms or Relevant Medical History:**
Muscle weakness and vision impairments

**Additional Notes:**
None

**Physician's Notes:**
None

**Ordering Physician's Name and Signature:** Haley Gregory

**Laboratory Name:** Labcorp

**Laboratory Contact Information:** 361-235-9062

**Date and Time of Sample Collection:** October 21, 2023, 9 AM

**Test Results**

Vitamin E Levels: 5 mg/L

Flag (Notable Deviations): Low Vitamin E levels

Reference Range: 5.5 mg/L

**Interpretation:** Has Vitamin E deficiency

**Additional Notes** (recommendation, next steps, etc.):
Further examination and assessment is needed

**Referring Physician's Name and Signature:** Haley Gregory

**Date:** October 25, 2023