

## Male Patient Bloodwork Form

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

Fasting:       Yes       No

<input type="checkbox"/> Pre-Insertion Labs <ul style="list-style-type: none"> <li>• Testosterone* -free, total, &amp; bioavailable</li> <li>• Ultrasensitive Estradiol</li> <li>• DHEA</li> <li>• D<sub>3</sub></li> <li>• SHBG</li> <li>• Lipid Panel</li> <li>• Comprehensive Metabolic Panel</li> <li>• Complete Blood Count (Hb &amp; Hct)**</li> <li>• TSH</li> <li>• Free T3 and total T4</li> <li>• PSA and % free PSA***</li> <li>• C-reactive protein</li> <li>• Homocysteine</li> </ul>	<input type="checkbox"/> Post-Insertion Labs <ul style="list-style-type: none"> <li>• Testosterone* -free, total, &amp; bioavailable</li> <li>• Ultrasensitive Estradiol</li> <li>• DHEA</li> <li>• Complete Blood Count (Hb &amp; Hct)**</li> <li>• PSA and % free PSA***</li> </ul>
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\*If testosterone levels are greater than 1500, repeat levels prior to next insertion.

\*\*If HCT is close to 50, repeat before next insertion. If hematocrit is 53 or greater suggest donation of 2 units of blood.

\*\*\*If PSA is borderline and less than 4, repeat after each insertion. If greater, refer to a Urologist.

Healthcare Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_

Send results to Fax Number: \_\_\_\_\_