

## Female Patient Bloodwork Form

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

Fasting:  Yes  No

<input type="checkbox"/> Pre-Insertion Labs <ul style="list-style-type: none"> <li>• Estradiol</li> <li>• Testosterone* -free, total, &amp; bioavailable</li> <li>• Progesterone</li> <li>• DHEA</li> <li>• FSH</li> <li>• D<sub>3</sub></li> <li>• Lipid Panel</li> <li>• Comprehensive Metabolic Panel</li> <li>• Complete Blood Count (Hb &amp; Hct)</li> <li>• TSH</li> <li>• TPO</li> <li>• Free T4 &amp; T3</li> <li>• SHBG</li> <li>• Ferritin</li> <li>• CRP</li> <li>• Homocysteine</li> </ul> <p>Also consider:</p> <ul style="list-style-type: none"> <li>• Mammogram</li> <li>• Pap smear</li> <li>• Pelvic Ultrasound</li> </ul>	<input type="checkbox"/> Post-Insertion Labs <ul style="list-style-type: none"> <li>• Estradiol</li> <li>• Testosterone* -free, total, &amp; bioavailable</li> <li>• Progesterone</li> <li>• DHEA</li> <li>• FSH</li> <li>• Complete Blood Count (Hb &amp; Hct)</li> </ul>
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\*If testosterone and/or estradiol levels are greater than 300, repeat levels prior to next insertion.

Note: Continue testing levels after each insertion, until the patient feels great, then only once a year.

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

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